

III

LINDSEY
COUNTY COUNCIL

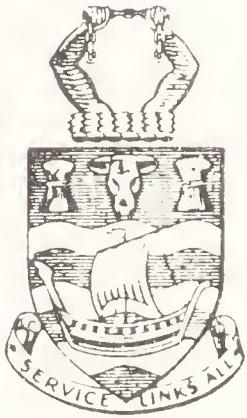


ANNUAL
REPORT
1972



COUNTY
MEDICAL OFFICER
OF HEALTH

COUNTY OF LINCOLN — PARTS OF LINDSEY



ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1972

C.D. CORMAC, M.A., B.M., B.Ch., M.F.C.M., D.P.H.
County Medical Officer of Health



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INTRODUCTION

This report marks a year of continued progress in the development of a wide variety of health services, provided for the most part under the National Health Service Act of 1946, by the Lindsey County Council. In compiling it I have been assisted by many members of the Health Department's staff and my thanks are due to them for the efforts they have put in.

The year was full of activity, much of which has been concerned with preparation for reorganisation of both the National Health Service and Local Government. The reception of Ugandan Asians in Camps at Hemswell and Faldingworth also presented a special problem so that a heavy burden was placed on many members of the staff of the Health Department. They accepted additional duties readily and my thanks are due to all of them for the work they have put in throughout the year. Thanks are particularly due to the Chairman and Members of the Health Committee for their continued support.

C. D. CORMAC

County Medical Officer of Health

PUBLIC HEALTH OFFICERS OF THE AUTHORITY

County Medical Officer of Health
CYRIL D. CORMAC, M.A., B.M., B.Ch., M.F.C.M., D.P.H.

Deputy County Medical Officer of Health
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Senior Medical Officer
MICHAEL S. BLACKBOURN
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Medical Officers in Department

KATHLEEN A. CLYNE, M.B., Ch.B., B.A.O. (Part-time)
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NORA LAING, L.R.C.P. & S.I.
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ALAN V. SHEARD, M.B., Ch.B., D.O.R.C.O.G., D.P.H.
SAMUEL SMITH, M.B., Ch.B., D.P.H.

General Medical Practitioners Undertaking Regular Sessional Work

PEGGY N. BESWICK, M.R.C.S., L.R.C.P.
JESSIE D. CARRICK, M.B., Ch.B.
PROBHA CHAUDHURY, M.B., B.S.
ALAN DOCKER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
BERNARD DUDLEY, M.B., Ch.B., D.O.R.C.O.G.
FREDA GRAINGER, M.B., Ch.B.
PATRICIA E. LINNELL, M.R.C.S., L.R.C.P.
JANE MITCHELL, M.B., Ch.B.
KEVIN O'TOOLE, M.B., B.Ch.
ISABELLA B. OAKENFULL, M.B., Ch.B.
THOMAS PARKER, M.B., B.S.
LLEWELLEN G. PARRY, M.R.C.S., L.R.C.P.

/ continued

General Medical Practitioners Undertaking Regular Sessional Work (continued)

WILHELMINA SHANKS, M.B., B.Ch.
SWADESH SIKKA, M.B., B.S., D.C.H.
RUSSELL J. WALSHAW, M.B., Ch.B., M.R.C.G.P.

Chief County Dental Officer
JOHN WATSON, B.D.S., L.D.S., D.D.P.H., R.C.S.

County Orthodontist
ALBERT W. GREENWOOD, B.D.S., L.D.S., D.Orth., R.C.S.

Area Dental Officers
PAUL A. BETTS, L.D.S.
PATRICIA E. CARSE, B.D.S.
MARY CLAYTON, B.D.S., L.D.S.
RALPH C. CLAYTON, L.D.S.
JOHN H. HARPER, B.D.S.
JOHN M. SULLIVAN, L.D.S., R.C.S.
CHRISTOPHER J.D. SYKES, B.Ch.D., L.D.S.
DENNIS G. THOMPSON, B.D.S. (Resigned 20.2.72)

Senior Dental Officer
WILLIAM T. CHAPMAN, L.D.S., R.C.S.

Dental Officers
SIMON J.J.S. FALLON, B.Ch.D.
HAMISH FARMER, L.D.S., B.Ch.D. (Appointed 11.9.72)
ROGER GOTTF, B.D.S. (Appointed 24.1.72)
ANTHONY I. HUTCHINSON, L.D.S.
WILLIAM W. KAY, L.D.S.
HYWEL G. JONES, B.D.S.
KATHLEEN N. LAWLOR, B.D.S. (Part-time, Appointed 9.5.72)
JOHN McCUTCHEON, L.D.S., R.F.P.S. (Retired 31.12.72)
MAUREEN SULLIVAN, L.D.S., R.C.S. (Part-time)
BARBARA B. WARD, B.Ch.D., L.D.S. (Part-time)

Dental Auxiliary
ANN L. ROBINSON

County Health Inspector
GEORGE COLLINSON, D.P.A., F.I.P.H.E., M.A.P.H.I.

Assistant County Health Inspector
ARTHUR HENRY RANDS, M.A.P.H.I.

Chief Nursing Officer
MARJORIE C. EDWARDS, S.R.N., S.C.M., Health Visitors Cert. of R.S.H.

Assistant Nursing Officers
PRUDENCE M. GILBERT, S.R.N., S.C.M., Health Visitors Cert. of R.S.H.
JOAN M. HART, S.R.N., S.C.M., Health Visitors Cert. of R.S.H.
GWENDOLINE F.M. O'REILLY, S.R.N., S.C.M.
MARY SAVILLE, S.R.N., S.C.M., Health Visitors Cert. of R.S.H.

County Ambulance Officer
JOHN H. DAVIS

Chief Administrative Officer
ERNEST A. WOOD, D.P.A., A.C.I.S.

Health Education Officer
PETER M. ENGLAND

Public Analyst
ERIC R.W. FOGDEN, B.Sc., F.R.I.C.

DISTRICT MEDICAL OFFICERS OF HEALTH

District	Name	Qualifications	Address
URBAN			
Alford	A. Loftus	L.R.C.P., L.R.C.S., L.M., D.P.H.	Council Offices, Alford
Barton-upon-Humber	J.S. Robertson	M.B., Ch.B., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H., D.I.H.	The Clinic, Bigby Road, Brigg
Brigg	J.S. Robertson	M.B., Ch.B., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H., D.I.H.	The Clinic, Bigby Road, Brigg
Cleethorpes Borough	S. Smith	M.B., Ch.B., D.P.H.	Health Dept., Council House, Cleethorpes
Gainsborough	J.S. Robertson	M.B., Ch.B., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H., D.I.H.	The Guildhall, Gainsborough
Horncastle	S.A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Hornastle
Louth	J.E. Lee	M.R.C.S., L.R.C.P., D.P.H.	Health Department, Town Hall, Louth
Mablethorpe & Sutton	J.E. Lee	M.R.C.S., L.R.C.P., D.P.H.	Council Offices, Mablethorpe
Market Rasen	S. Smith	M.B., Ch.B., D.P.H.	Council Offices, Market Rasen
Scunthorpe Borough	S. Childs	M.A., M.B., Ch.B., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H., D.P.A., D.T.M. & H.	Health Dept., Comforts Avenue, Scunthorpe
Skegness	A. Loftus	L.R.C.P., L.R.C.S., L.M., D.P.H.	The Clinic, Cecil Avenue, Skegness
Woodhall Spa	S.A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Woodhall Spa
RURAL			
Caistor	S. Smith	M.B., Ch.B., D.P.H.	Council Offices, Caistor
Gainsborough	J.S. Robertson	M.B., Ch.B., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H., D.I.H.	26 Spital Terrace, Gainsborough
Glanford Brigg	J.S. Robertson	M.B., Ch.B., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H., D.I.H.	The Clinic, Bigby Road, Brigg
Grimsby	S. Smith	M.B., Ch.B., D.P.H.	Council Offices, Immingham
Hornastle	S.A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Hornastle
Isle of Axholme	J.S. Robertson	M.B., Ch.B., M.R.C.S., L.R.C.P., M.F.C.M., D.P.H., D.I.H.	Council Offices, Epworth, Doncaster
Louth	J.E. Lee	M.R.C.S., L.R.C.P., D.P.H.	Council Offices, Cannon Street, Louth
Spilsby	A. Loftus	L.R.C.P., L.R.C.S., L.M., D.P.H.	Council Offices, Toynton All Saints, Spilsby
Welton	S.A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, 10 Park Street, Lincoln.

VITAL STATISTICS

Registrar General's estimated mid-year population	...	...	...	380,270
Live births	...	...	...	5,751
Live birth rate per 1,000 population	...	...	...	15.12
Illegitimate live births per cent. of total live births	...	...	...	7.69
Still-births	...	...	...	89
Still-births rate per 1,000 total live and still-births	...	...	...	15.24
Total live and still births	...	...	...	5,840
Infant deaths	...	...	...	105
Infant mortality rate per 1,000 live births — total	...	...	...	18.26
Infant mortality rate per 1,000 live births — legitimate	...	...	...	17.33
Infant mortality rate per 1,000 live births — illegitimate	...	...	...	29.41
Neo-natal mortality rate per 1,000 total live births (deaths in first four weeks)	11.82			
Early neo-natal mortality rate per 1,000 total live births (deaths in first week)	9.91			
Perinatal mortality rate (still-births and early neo-natal births)	...	...	25.00	
Maternal deaths (including abortions)	...	...	...	1
Maternal mortality rate per 1,000 total live and still-births	...	...	...	0.17
Deaths from all causes	...	...	...	4,429
Death rate per 1,000 population	...	...	...	11.65
Deaths from cancer	...	...	...	821
Deaths from cancer — rate per 1,000 population	...	...	...	2.16
Deaths from lung cancer	...	...	...	207
Deaths from lung cancer — rate per 1,000 population	...	...	...	0.54
Deaths from ischaemic heart disease	...	...	...	1,147
Deaths from ischaemic heart disease — rate per 1,000 population	...	...	3.02	

The birth and death rates for the County as adjusted by the area comparability factor and, for purposes of comparison for England and Wales are given below:—

	<i>Live births rate for 1,000 population</i>	<i>Death rate for 1,000 population</i>
England and Wales	...	12.1
Lindsey	...	11.7

Live Births 1972

Districts	Total Births	Legitimate		Illegitimate	
		male	female	male	female
Urban					
Alford ...	31	13	17	—	1
Barton-upon-Humber ...	118	56	48	6	8
Brigg ...	74	28	36	4	6
Cleethorpes Borough ...	592	279	242	37	34
Gainsborough ...	254	107	118	12	17
Horncastle ...	51	17	27	2	5
Louth Borough ...	176	81	82	8	5
Mablethorpe and Sutton	71	30	29	5	7
Market Rasen ...	23	10	12	—	1
Scunthorpe Borough ...	1,007	469	444	50	44
Skegness ...	157	65	73	9	10
Woodhall Spa ...	31	16	15	—	—
Aggregate Urban Districts	2,585	1,171	1,143	133	138
Rural					
Caistor ...	200	98	93	5	4
Gainsborough ...	205	100	96	4	5
Glanford Brigg ...	732	335	357	21	19
Grimsby ...	550	255	255	23	17
Horncastle ...	193	95	92	3	3
Isle of Axholme	225	115	99	6	5
Louth ...	333	156	158	10	9
Spilsby ...	294	145	128	15	6
Welton ...	434	227	191	9	7
Aggregate Rural Districts	3,166	1,526	1,469	96	75
Whole County ...	5,751	2,697	2,612	229	213

Still Births 1972

Districts	Total Births	Legitimate		Illegitimate	
		male	female	male	female
Urban					
Alford ...	—	—	—	—	—
Barton-upon-Humber ...	3	1	2	—	—
Brigg ...	2	—	2	—	—
Cleethorpes Borough ...	10	7	1	1	1
Gainsborough ...	5	3	2	—	—
Horncastle ...	1	1	—	—	—
Louth Borough ...	4	3	1	—	—
Mablethorpe and Sutton	1	—	—	—	1
Market Rasen ...	1	1	—	—	—
Scunthorpe Borough ...	17	8	5	2	2
Skegness ...	5	2	3	—	—
Woodhall Spa ...	1	—	—	1	—
Aggregate Urban Districts	50	26	16	4	4
Rural					
Caistor ...	5	1	3	—	1
Gainsborough ...	2	1	1	—	—
Glanford Brigg ...	8	4	4	—	—
Grimsby ...	7	5	2	—	—
Horncastle ...	2	1	1	—	—
Isle of Axholme	—	—	—	—	—
Louth ...	4	3	1	—	—
Spilsby ...	5	1	2	—	2
Welton ...	6	5	1	—	—
Aggregate Rural Districts	39	21	15	—	3
Whole County ...	89	47	31	4	7

Causes of all deaths in the County at different ages, 1972

Causes of death	Under 4 weeks	4 weeks & under 1 year	1—5—	15—	25—	35—	45—	55—	65—	75 & over	Total
B.1 Cholera	—	—	—	—	—	—	—	—	—	—	—
B.2 Typhoid fever	—	—	—	—	—	—	—	—	—	—	—
B.3 Bacillary dysentery and amoebiasis	—	—	—	—	—	—	—	—	—	—	—
B.4 Enteritis & other diarrhoeal diseases	—	1	1	—	—	—	—	—	1	1	4
B.5 Tuberculosis of respiratory system	—	—	—	—	—	—	—	1	4	4	13
B.6(1) Late effects of respiratory tuberculosis	—	—	—	—	—	—	—	—	1	1	2
B.6(2) Other tuberculosis ...	—	—	—	—	—	—	—	1	—	1	2
B.7 Plague	—	—	—	—	—	—	—	—	—	—	—
B.8 Diphtheria	—	—	—	—	—	—	—	—	—	—	—
B.9 Whooping cough ...	—	—	—	—	—	—	—	—	—	—	—
B.10 Streptococcal sore throat & scarlet fever	—	—	—	—	—	—	—	—	—	—	—
B.11 Meningococcal infection	—	—	—	—	—	—	—	—	—	1	1
B.12 Acute poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—
B.13 Smallpox	—	—	—	—	—	—	—	—	—	—	—
B.14 Measles	—	—	—	—	—	—	—	—	—	—	—
B.15 Typhus and other rickettsioses	—	—	—	—	—	—	—	—	—	—	—
B.16 Malaria	—	—	—	—	—	—	—	—	—	—	—
B.17 Syphilis and its sequelae	—	—	—	—	—	—	—	—	—	—	—
B.18 All other infective and parasitic diseases ...	—	—	1	—	—	—	—	—	1	3	8
B.19(1) Malignant neoplasm — buccal cavity and pharynx	—	—	—	—	—	—	—	1	2	5	14
B.19(2) Malignant neoplasm — oesophagus	—	—	—	—	—	1	1	—	1	13	7
B.19(3) Malignant neoplasm — stomach	—	—	—	—	—	—	—	5	13	38	26
B.19(4) Malignant neoplasm — intestine	—	—	—	—	—	—	6	9	22	33	54
B.19(5) Malignant neoplasm — larynx	—	—	—	—	—	—	—	1	2	2	9
B.19(6) Malignant neoplasm — lung bronchus	—	—	—	—	—	—	2	17	75	88	25
B.19(7) Malignant neoplasm — breast	—	—	—	—	—	—	3	15	14	11	23
B.19(8) Malignant neoplasm — uterus	—	—	—	—	—	2	10	8	4	3	27
B.19(9) Malignant neoplasm — prostate	—	—	—	—	—	—	—	—	11	22	33
B.19(10) Leukaemia	—	—	2	1	—	1	2	2	3	3	17
B.19(11) Other malignant neoplasms — including neoplasms of lymphatic & haematopoietic tissue	—	—	1	2	2	3	7	26	43	66	69
B.20 Benign neoplasms and neoplasms of unspecified nature	—	—	1	—	1	—	—	1	1	2	7
B.21 Diabetes mellitus ...	—	—	—	—	1	—	—	2	7	21	12
B.22 Avitaminoses and other nutritional deficiency	—	—	—	—	—	—	—	1	—	—	1
B.46(1) Other endocrine, nutritional & metabolic diseases	1	—	—	—	—	—	—	2	—	5	1
B.23 Anaemias	—	—	—	—	—	—	—	1	1	5	17
B.46(2) Other diseases of blood and blood forming organs	—	—	—	—	—	—	—	—	—	—	—
B.46(3) Mental disorders ...	—	—	—	—	—	—	—	1	—	1	6
B.24 Meningitis	—	—	—	—	—	—	1	—	1	—	—
B.46(4) Multiple sclerosis ...	—	—	—	—	—	—	—	1	3	1	6

Causes of all deaths in the County at different ages, 1972 (continued)

Causes of death		Under 4 weeks	4 weeks & under 1 year	1—5—	15—	25—	35—	45—	55—	65—	75 & over	Total	
B.46(5)	Other diseases of nervous system & sense organs	—	1	1	2	2	—	1	3	7	8	18	43
B.25	Active rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—
B.26	Chronic rheumatic heart disease	—	—	—	—	—	—	3	10	8	13	12	46
B.27	Hypertensive disease...	—	—	—	—	—	1	3	1	21	28	39	93
B.28	Ischaemic heart disease	—	—	—	—	3	17	91	176	362	498	1,147	
B.29	Other forms of heart disease	—	—	—	1	—	2	2	7	19	44	176	251
B.30	Cerebrovascular disease	—	—	—	1	2	2	13	54	195	442	709	
B.46(6)	Other diseases of the circulatory system ...	—	—	—	—	—	—	12	18	45	123	198	
B.31	Influenza	—	—	—	—	—	—	—	4	4	18	26	
B.32	Pneumonia	—	9	1	1	1	—	3	2	9	44	164	234
B.33(1)	Bronchitis, emphysema	—	—	—	—	—	—	1	5	33	66	65	170
B.33(2)	Asthma	—	—	—	—	—	—	1	—	2	—	1	4
B.46(7)	Other diseases of the respiratory system ...	—	7	1	1	1	—	1	3	3	11	28	56
B.34	Peptic ulcer	—	—	—	—	—	—	—	1	4	4	10	19
B.35	Appendicitis	—	—	—	—	—	—	—	—	—	—	1	1
B.36	Intestinal obstruction and hernia	1	—	—	1	—	—	—	—	—	1	10	13
B.37	Cirrhosis of liver ...	—	—	—	1	1	—	—	2	3	1	4	12
B.46(8)	Other diseases of the digestive system ...	—	—	—	—	—	—	—	2	3	19	16	40
B.38	Nephritis and nephrosis	—	—	—	—	—	1	1	1	2	9	8	22
B.39	Hyperplasia of prostate	—	—	—	—	—	—	—	—	1	3	13	17
B.46(9)	Other diseases of the genito-urinary system	1	—	1	—	—	1	—	1	6	12	21	43
B.40	Abortion	—	—	—	—	—	—	—	—	—	—	—	—
B.41	Other complications of pregnancy childbirth & puerperium	—	—	—	—	1	—	—	—	—	—	—	1
B.46(10)	Diseases of the skin and subcutaneous tissue ...	—	1	—	—	—	—	—	—	—	1	2	4
B.46(11)	Diseases of the musculo-skeletal system and connective tissue ...	—	—	—	—	—	—	—	1	2	2	12	17
B.42	Congenital anomalies	16	10	3	2	—	—	—	3	2	—	—	36
B.43	Birth injury, difficult labour, and other anoxic and hypoxic conditions ...	33	—	—	—	—	—	—	—	—	—	—	33
B.44	Other causes of perinatal mortality	14	—	—	—	—	—	—	—	—	—	—	14
B.45	Symptoms & ill-defined conditions	—	—	—	—	—	—	—	—	2	2	52	56
BE.47	Motor vehicle accidents	—	—	4	6	20	5	12	4	8	6	9	74
BE.48	All other accidents ...	2	6	4	2	8	3	5	4	7	7	19	67
BE.49	Suicide and self-inflicted injuries	—	—	—	2	1	1	9	6	4	3	26	
BE.50	All other external causes	—	1	—	—	1	—	—	3	—	2	—	7
TOTAL		68	37	20	20	42	25	79	273	602	1,213	2,050	4,429

Premature Births 1972
 (as adjusted by any notifications transferred in or out of the area)

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home, or in a nursing home		Transferred to hospital on or before 28th day							
	Total births	Died	Total births	Died	Total births	Died	Total births	Died	Total births	Died	Born			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1. 2lb. 3oz. or less	4	3	1	—	—	—	—	—	—	—	—	—	11	1
2. Over 2lb. 3oz. up to and including 3lb. 4oz.	24	7	1	1	1	1	—	—	—	—	—	—	9	1
3. Over 3lb. 4oz. up to and including 4lb. 6oz.	76	11	1	—	2	1	—	—	—	—	—	—	13	—
4. Over 4lb. 6oz. up to and including 4lb. 15oz.	72	5	—	—	1	—	—	—	1	—	—	—	9	—
5. Over 4lb. 15oz. up to and including 5lb. 8oz.	168	1	—	3	5	—	—	—	2	—	—	—	7	—
6. TOTAL	344	27	3	4	9	2	—	—	3	—	—	—	49	2

Table giving population, number of births and deaths together with analysis of causes of death, for each County District in respect of year 1972

	Estimated Population		Live Births		Deaths			
	Urban	Rural	Males	Females	Males	Females	B.1	B.2
Aldford	2,390	31	26	-	-	-	-	-
Barton-upon-Humber	7,670	118	95	-	-	-	-	-
Bragg	4,890	74	70	-	-	-	-	-
Cleethorpes Borough	36,480	592	463	-	-	-	-	-
Gainsborough	17,570	254	219	-	-	-	-	-
Horncliffe	4,130	51	55	-	-	-	-	-
Louth Borough	11,800	176	212	-	-	-	-	-
Mablethorpe and Sutton	6,340	71	120	-	-	-	-	-
Market Rasen	2,530	23	41	-	-	-	-	-
Scunthorpe Borough	70,330	1,007	707	-	-	-	-	-
Skegness	13,420	157	253	-	-	-	-	-
Woodhall Spa	2,390	31	49	-	-	-	-	-
TOTAL	179,940	2,585	2,310	-	-	-	-	-
Rural								
Calstock	15,360	200	147	-	-	-	-	-
Gainsborough	12,400	205	148	-	-	-	-	-
Glanford Brigg	45,530	732	424	-	-	-	-	-
Grimsby	31,730	550	259	-	-	-	-	-
Horncliffe	14,860	193	131	-	-	-	-	-
Isle of Axholme	14,860	225	163	-	-	-	-	-
Louth	19,110	333	227	-	-	-	-	-
Spilsby	22,370	294	378	-	-	-	-	-
Wellton	24,110	434	242	-	-	-	-	-
TOTAL	200,330	3,166	2,119	-	-	-	-	-
Total for Administrative County	380,270	5,751	4,429	-	-	-	-	-

VITAL STATISTICS

Births

There has been a fall each year in the birth rate over the last five years in Lindsey corresponding very much with the national trend. (Graph 1)

In actual numbers, there were 765 fewer live births in 1972 than in 1968. This represents almost a 12% decrease.

This drop has followed closely the increase in the use made in recent years of the birth control services, which are commented on elsewhere in this report.

Deaths

For the tenth year running the adjusted death rate in Lindsey was lower than the national average.

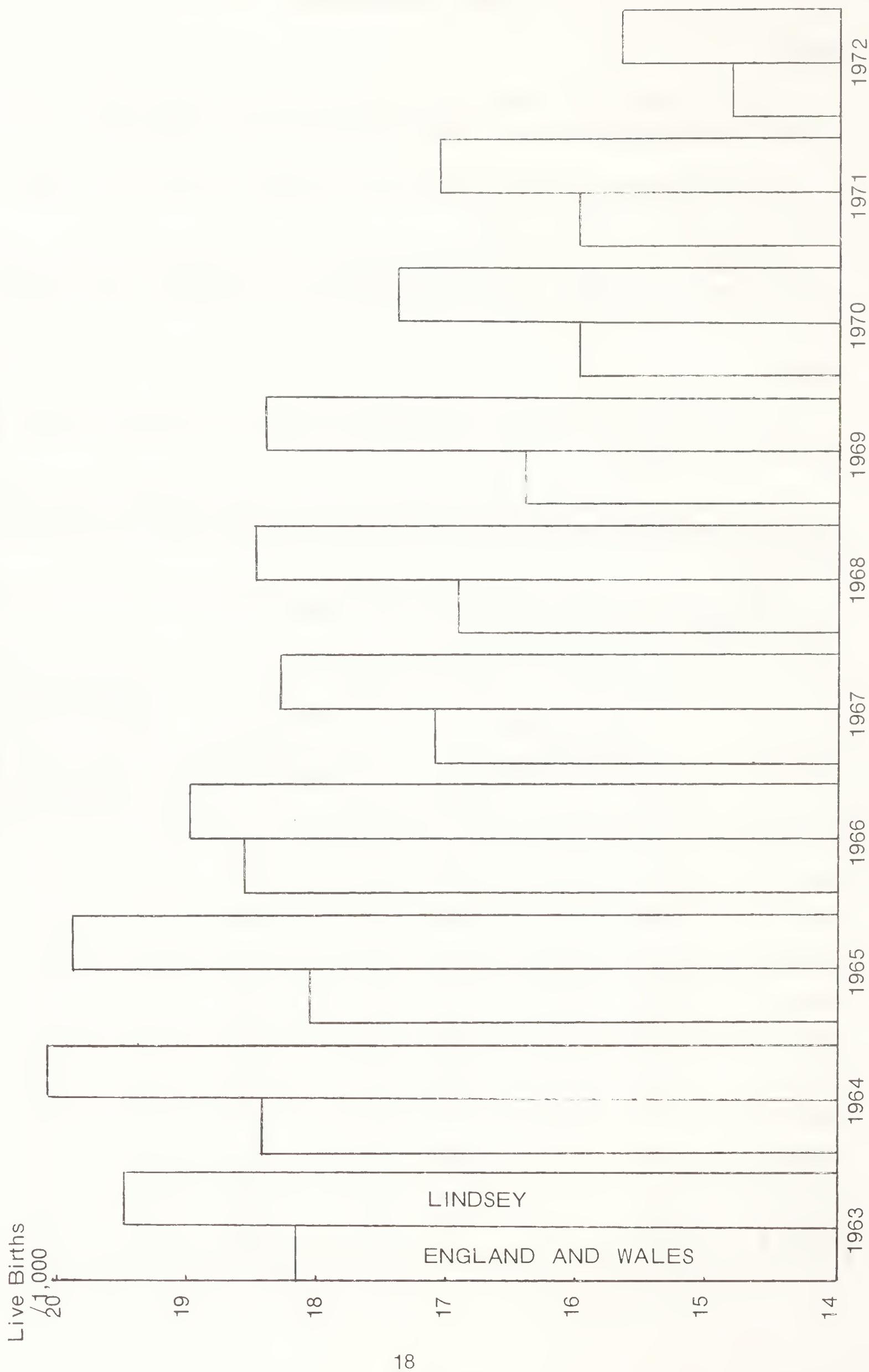
The three commonest recorded causes of death were ischaemic heart disease, malignant disease and cerebrovascular disease. Altogether they accounted for 61% of the total.

The deaths from lung cancer were the highest recorded for both sexes in the last ten years.

Year	Total deaths from lung cancer		Total male deaths from malignant disease	Deaths from lung cancer in males as a % of total deaths from malignant disease in men
	Male	Female		
1972	177	30	457	38%
1971	149	29	425	35
1970	161	27	454	35
1969	139	17	405	34
1968	158	28	425	37
1967	140	29	394	35
1966	128	21	425	30
1965	107	25	344	31
1964	105	14	343	31
1963	111	19	359	31

GRAPH 1

LIVE BIRTHS/1,000 POPULATION (adjusted)
FOR ENGLAND AND WALES AND LINDSEY 1963-1972



It would seem that a greater proportion of men dying of malignant disease have cancer of the lung than was the case in the earlier years of the last ten year period. This would suggest that a high proportion of the increase in total deaths from malignant disease in men is due to the increase in deaths from lung cancer.

CARE OF MOTHERS AND YOUNG CHILDREN

CHILD HEALTH CLINICS

Clinics

For the first time since 1967 there was a fall in the total clinic attendances. Even so, 80% of babies born in the year were brought to clinics.

Two factors which could have contributed to this decline are the fall by over 500 in the number of live births and the development of health visitor attachment to general practices, which does lead to this service being provided by family doctors in their own surgeries.

It is necessary to be constantly looking at the use made by mothers of the clinics. Where it is felt that there is a greater need, extra clinic sessions are established. Where it is felt that because of changes in population there is no longer the same need for a clinic they are discontinued and transport is arranged for mothers in these areas to go to an adjacent clinic.

Last year East Halton and Winteringham Child Health Clinics were closed and Healing Clinic was reduced from the weekly clinic to a twice monthly clinic.

EARLY DETECTION

Congenital defects

Even allowing for the fall in the number of live births, there was a marked reduction in the number of congenital defects reported. This fall was most noticeable for specific abnormalities. There were, for instance, only four reported cases of cleft lip and two cases of cleft palate in 1972 compared with eight cases and eleven cases in the previous year. No satisfactory reason could be found for this.

<i>Congenital Defect</i>	<i>Number detected at birth</i>	<i>Number detected after birth</i>
Anencephalus	5	-
Hydrocephalus	13	1
Spina bifida	9	-
Microcephalus	1	-
Other specified malformations of brain or spinal chord	1	-
Corneal opacity	-	-
Accessory auricle	-	-
Defects of ear (unspecified)	3	1
Cleft lip	3	1
Cleft palate	2	-
Rectal and anal atresia	2	-
Other defects of alimentary system	2	-
Unspecified defects of alimentary system	-	-
Congenital heart disease (unspecified)	7	4
Interventricular septal defect	-	-
Other defects of heart and great vessels	-	-
Defects of diaphragm	-	1
Hypospadias, epispadias	7	3
Other defects of male genitalia	3	-
Defects of female genitalia	1	-
Polydactyly	-	-
Syndactyly	-	-
Dislocation of hip	2	2
Talipes	28	-
Defects of upper limb (unspecified)	1	-
Defects of lower limb (unspecified)	9	1
Other defects of hand	4	-
Defects of skull and face	6	-
Defects of muscles	1	-
Other defects of face and neck	1	-
Vascular defects of skin, subcutaneous tissues and mucous membranes (including lymphatic defects)	3	-
Exomphalos and omphalocoele	-	-
Mongolism	2	1
Other	3	2
TOTAL	119	17

Screening for Phenylketonuria

This test involves taking a small blood sample from infants at six days to determine whether they have a disorder which if not treated early by special diet could lead to a mental handicap. Fortunately no child was found with the disease last year.

Screening for Hearing

This is carried out by the health visitor on infants at about nine months old using a distraction technique. The baby sits on mother's knee facing directly

forwards and his or her attention is held visually by one health visitor. Another health visitor produces sounds of various pitch and of a specified volume out of sight of the child and by its reaction she is able to detect if the child is responding normally to the sound.

'At Risk'

This is a register of those children who it is felt need more close surveillance because they have been subjected to certain factors which could result in their being handicapped. With the experience of ten years of this system and in the light of other evidence, it is now clear that many of the original ideas need revising.

Some of these changes can be made within the present system and this accounts for the drop in the number of cases placed on the register over the last two years as experience has resulted in a more selective approach to the choice of infants.

Other more fundamental changes are needed, however, and these have been recommended by working parties involved in the reorganisation of the health services.

The County of Lindsey, excluding Scunthorpe	1972	1971	1970
Number of infants on register at end of previous year	2,089	2,370	1,954
Number added to register during the year	1,236	1,370	1,527
Number removed from register during the year	1,583	1,651	1,111
Number on register at end of the year	1,742	2,089	2,370
Scunthorpe only			
Number on register at end of the year	956	939	848

Combined Clinics

As mentioned in last year's report, joint clinics are run in two areas of the county by the local consultant paediatricians and school medical officers. These have continued to function and are growing in their usefulness. The idea is for those involved in various fields to see the child and parents and answer queries and give guidance. The clinics are not restricted to health staff and people from social services and education also contribute with their special knowledge.

Toddlers' Clinics

These are run by appointment in the more densely populated areas of the county where toddlers can be seen at the request of the mother or health visitor by the doctor. The mothers come for advice usually on problems of the child's development rather than for obvious illness for which they receive treatment from their own doctor.

The clinics also give the doctor an opportunity of carrying out more detailed examination on the children who are at risk.

Infants attending Child Health Clinics during 1972

Centres	No. under one at first attendance	No. of children attending during year who were born in:						Total number who attended during year	No. of attendances during year by children who were born in:						Total attend- ing during year	No. of sessions held	Average attendance at each session (per session)	No. seen by Doctor for consulta- tion
		1972	1971	1970	1969	1968	1967		1972	1971	1970	1969	1968	1967				
Bardney	21	20	13	14	8	6	3	64	154	84	57	39	53	6	393	24	16	77
Barnetby	25	20	22	20	10	8	5	85	100	207	101	65	31	18	522	23	23	214
Barrow-upon-Humber	44	38	50	32	25	17	7	169	149	235	120	65	56	18	643	24	27	219
Barton-upon-Humber	158	140	211	86	16	7	1	461	936	1,044	233	42	18	16	2,289	51	45	479
Belton	51	27	27	20	8	3	2	87	151	188	87	35	19	7	487	22	22	98
Binbrook	61	46	85	15	1	1	9	159	213	336	38	1	1	9	598	24	25	84
Bottesford	26	14	24	7	4	2	10	61	185	127	19	20	16	13	380	24	16	127
Brigg	133	119	109	43	9	3	1	284	663	661	150	128	44	14	1,660	51	33	591
Broughton	41	26	53	13	4	3	3	102	335	364	110	85	57	27	978	24	41	213
Burton Stather	58	31	60	14	17	15	10	147	211	380	78	52	41	23	785	24	33	118
Caistor	51	42	37	7	8	10	3	107	201	271	50	52	36	12	622	23	27	283
Cherry Willingham	90	76	74	43	16	11	13	233	789	623	100	34	19	18	1,583	52	30	276
Cleethorpes	529	379	288	64	3	1	1	736	2,576	1,600	108	4	3	1	4,292	100	43	959
Coningsby	120	102	118	46	28	30	32	356	685	591	160	87	70	52	1,645	52	32	783
Crowle	53	44	41	22	21	5	10	143	316	252	107	60	10	11	756	24	32	267
East Halton	3	2	7	3	2	1	1	16	4	16	5	2	1	1	29	5	6	5
Epworth	80	44	47	24	6	1	1	123	229	296	86	27	13	16	667	24	28	279
Friskney	24	20	12	11	10	3	4	60	203	97	91	49	38	23	501	22	23	256
Gainsborough (Spital Terrace)	171	133	155	47	35	15	2	387	915	891	199	138	87	14	2,244	51	44	370
Gainsborough (Woods Terrace)	81	73	74	29	14	6	2	198	611	507	79	69	46	17	1,329	48	28	132
Goxhill	34	29	28	10	14	19	13	113	88	225	43	66	103	27	552	24	23	262
Grainthorpe (H.V. only)	13	13	8	3	6	1	1	32	53	29	12	30	1	2	127	24	5	—
Haxey	68	36	45	24	12	2	2	121	201	305	99	67	22	10	704	24	29	167
Healing	30	26	35	31	23	18	12	145	146	181	144	56	56	19	602	35	17	215
Hemswell	49	37	59	11	4	1	1	113	163	275	38	17	3	1	497	23	22	247
Holton-le-Clay	54	52	41	21	8	7	7	136	355	236	51	12	14	8	676	22	31	239
Horncastle	97	87	75	13	10	6	5	196	500	746	88	37	22	17	1,410	52	27	325
Humberston	185	134	73	23	10	4	6	250	1,098	770	108	26	12	9	2,023	48	42	555
Immingham	294	244	262	139	48	21	27	741	2,504	1,717	424	221	45	72	4,983	99	50	448
Keadby	81	56	83	51	30	8	10	238	289	480	204	84	19	24	1,100	48	21	307
Keelby	40	36	27	8	6	1	—	78	176	292	66	71	13	—	618	22	28	188
Kirton Lindsey	53	49	51	23	13	14	19	169	212	227	58	51	39	19	606	23	26	116
Laceby	41	34	38	23	5	15	7	122	447	450	147	53	100	10	1,207	52	23	224
Louth	119	106	51	22	12	4	6	201	649	399	209	96	35	22	1,410	100	14	202
Mablethorpe	108	80	72	21	15	19	15	222	620	425	101	48	31	19	1,244	52	24	329
Manby	79	43	46	23	9	6	5	132	201	283	62	30	21	13	610	24	25	182
Market Rasen	89	56	101	76	48	22	28	331	371	648	318	296	118	60	1,811	49	37	315
Messingham	49	42	41	22	18	8	4	135	465	593	327	134	54	4	1,577	48	33	167
Nettleham	114	57	67	32	28	6	11	201	628	516	107	81	16	23	1,371	52	26	238
New Holland	34	32	37	49	22	20	17	177	131	145	118	58	36	23	511	23	22	239
New Waltham	65	60	44	25	16	6	1	152	642	398	99	127	58	31	1,355	52	26	350
North Somercotes	23	20	10	6	6	4	4	50	138	36	28	44	12	5	263	24	11	88
Saxilby	81	77	81	48	25	28	53	312	587	583	122	46	52	57	1,447	48	30	414
Scutter	66	43	46	33	8	12	5	147	224	253	66	35	38	6	622	23	27	174
Sibsey	48	43	30	13	16	11	11	124	170	143	66	51	43	18	491	24	20	215
Skegness	178	149	94	46	17	13	8	327	1,444	1,168	215	66	48	24	2,965	103	29	783
South Killingholme	38	29	37	23	9	3	2	103	159	267	76	46	31					

Toddlers' Clinics and attendances for 1972

Clinic	Total attendance	No. of sessions	Average attendance
Barton-upon-Humber	280	22	13
Brigg	264	27	10
Broughton	98	12	8
Cleethorpes	483	48	10
Coningsby	109	12	9
Gainsborough – Spital Terrace	92	10	9
Gainsborough – Woods Terrace	55	7	8
Holton-le-Clay	86	11	8
Horncastle	189	21	9
Humberston	188	22	9
Immingham	350	24	14
Laceby	200	23	9
Louth	100	19	5
Mablethorpe	127	20	6
Market Rasen	2	1	2
New Waltham	118	11	11
Saxilby	18	2	9
Skegness	216	24	9
	2,975	316	9
Scunthorpe			
Ashby	422	50	8
Parkinson Avenue	189	26	7
Riddings	186	24	8
TOTAL	3,772	416	9

Summary of defects found at examination of toddlers 1972

<i>Defect</i>	<i>Referred for treatment</i>	<i>For observation but not requiring treatment</i>
Cleanliness	—	—
Infestation		
(a) head	—	—
(b) body	—	1
Teeth	12	40
Skin	43	102
Eyes		
(a) vision	9	45
(b) squint	31	32
(c) other	8	6
Ears		
(a) hearing	9	13
(b) otitis media Rt.	5	16
otitis media Lt.	1	9
(c) other	—	9
Nose and throat	3	54
Speech	17	75
Lymphatic Glands	5	8
Heart and circulation	14	69
Lungs	5	6
Development		
(a) hernia	—	4
(b) other	4	42
Orthopaedic		
(a) posture	—	2
(b) feet	15	83
(c) other	12	63
Nervous system		
(a) epilepsy	5	7
(b) other	5	8
Psychological		
(a) development	6	19
(b) stability	2	24
Abdomen	8	4
Other defects or diseases	16	56
TOTAL	235	797

CARE OF UNMARRIED MOTHERS

Year	Total illegitimate live and still births in Lindsey	Total live and still births in Lindsey	Percentage of illegitimate live and still births in Lindsey
1967	516	6,530	7.89
1968	521	6,634	7.86
1969	527	6,661	7.91
1970	510	6,369	8.01
1971	463	6,344	7.30
1972	453	5,840	7.76

The number of births to unmarried mothers in Lindsey over the last six years has remained fairly constant in relation to the total live and still births for the area, in spite of the increase in the availability of advice on birth control. Although there has been a decrease in the totals in the last two years it is not clear what influence the Abortion Act has had on illegitimate birth figures.

There has been a marked fall in the last three years in the number of referrals to the Diocesan Board for Social Work, although this organisation still gives help in more than a fifth of the cases. It can be seen from the table that in the majority of cases the mothers keep their babies and there are now fewer infants for adoption.

Miss P. Hartley, the Organising Secretary of the Diocesan Board for Social Work, has submitted the following information about their work.

New referrals	98
Cases from previous years	31

Fifty-three people were referred by doctors, health visitors, midwives or social workers.

Ages	Mothers	Fathers
Under 16	7	1
16 – 20	48	23
Over 30	43	remainder, or no information available

All mothers were British. Putative fathers included Hungarian, two Greeks, Jamaican, French and Rhodesian.

Babies born by end of year:—

Kept by mothers	33
Placed for adoption	23
Stillborn	2
Died within 14 days	1
Decision pending	7

continued

Not yet born	13
Referred to other areas or lost trace	17
Abortion	2

3 went to a Mother and Baby Home in Mansfield and 1 to a hostel in Sheffield prior to going to the Home.

37 babies were fostered prior to the decision for an adoption placing.

40 were given material help, cots, prams or clothes.

8 received financial help through a voluntary society.

Adoption placements in Lindsey - 46. Including 2 from the Adoption Resource Exchange.

Summary of cases dealt with by the Diocesan Board for Social Work

Year	Illegitimate Births - Live and Still	Disposal						
		Referrals (unmarried mothers)	%	Adoption	Kept by mother	L.A. care	Died or stillborn	Abortion
1967	516	172	33	68	61	3	3	-
1968	521	201	39	49	64	7	2	-
1969	527	147	29	45	69	1	-	-
1970	510	111	22	27	54	-	-	6
1971	463	107	23	23	47	-	2	-
1972	453	98	22	23	33	-	3	2

WELFARE FOODS

In my report for 1971 I mentioned that cod liver oil ceased to be provided under the Welfare Foods Scheme in April 1971 and that orange juice would not be available after the end of the year. The remaining stocks of 7,767 bottles of orange juice were sold outside the scheme early in 1972.

Orange juice and cod liver oil for children were replaced during 1971 by vitamin drops for children and in 1972, in addition to the remaining stocks of orange juice mentioned above, 12,861 bottles of vitamin drops were issued as compared with 80,542 bottles of orange juice and 7,217 bottles of vitamin drops in 1971.

Early in 1972 a new combined vitamin A, D and C tablet was made available for expectant mothers to replace the orange juice and vitamin A and D tablets previously available. During 1972, 2,771 containers of A, D and C tablets were issued as compared with 4,903 containers of A and D tablets issued in 1971.

The non availability of orange juice has caused many local voluntary distributors to lose interest in the scheme and during the year thirteen such distribution points were closed. The distribution points at the East Halton and Winteringham Child Health Clinics were discontinued when the centres were closed but the foods were made available to the mothers who were provided with transport to attend with their children at the South Killingholme and Winterton Child Health Clinics.

At the end of the year there were 84 distribution points in operation — 62 in association with Child Health Clinics and 22 in W.R.V.S. premises, shops and distributors own homes.

During 1972, 27,229 packets of national dried milk were issued. The table below shows issues of national dried milk over the past ten years.

Year	Packets of N.D.M.	Year	Packets of N.D.M.
1963	67,697	1968	40,992
1964	65,015	1969	35,064
1965	57,192	1970	25,438
1966	50,409	1971	22,343
1967	40,292	1972	27,229

DENTAL CARE

The highlights of the year were the opening of the Dental Clinic at Waltham Toll Bar School and of the Health Centre at Market Rasen.

The Waltham Clinic is a new concept for Lindsey – a Clinic within the grounds – the campus – of a large school. It will, it is hoped combine the advantages of the Mobile Clinic in taking a full range of treatment to the patients with first class working conditions for the Dental Surgeon and his staff. It was a new departure for the group of architects who were designing the school, they gave us the greatest co-operation, as did the builders, in spite of many local difficulties.

Market Rasen Health Centre was a long overdue replacement for the King Street Clinic.

A third Clinic, that at Immingham, was scheduled to be opened this year but building delays postponed it well into 1973.

Staff changes in the year included Mr. R.C. Gott joining the staff, temporarily, at Cleethorpes early in the year. Mr. H. Farmer from Essex took over the Lincoln Mobile Unit vacated when Miss Carse was promoted to Area Dental Officer at Louth, replacing Mr. D.E. Thompson who left the School Service for general practice in Bristol.

Earlier documents in the reorganisation of the Health Services contained very little reference to Dentistry in general and none to the Local Authority Dental Services. This led to uncertainty amongst the personnel and to staff losses, particularly amongst the younger members of the staff. Later pronouncements have been more reassuring, but there still appears to be a reluctance to enter the Service.

June saw the biennial visit of the inspecting Dental Officer of the D.E.S., Mr. J.G. Potter, probably the last visit before reorganisation in 1974. Mr. Potter seemed to be satisfied with what he saw on the whole – as before, his report contained constructive criticism of some of our premises – in particular, the Cleethorpes Clinic.

Towards the end of the year consultations were held with the C.D.O.'s of adjoining Authorities in what will be Humberside and Lincolnshire. Reports were prepared on the existing service with recommendations on the future pattern of the priority services for submission to the Joint Liaison Committees.

The thanks of the Dental Department are due to various other branches of the County Council organisation. As in previous years the County Highways Department has been of great assistance in the towing, maintenance and modification of the mobile Dental Clinics over most of the County.

A. Attendances and Treatment					<i>Children 0-4 (incl)</i>	<i>Expectant and Nursing Mothers</i>
<i>Number of Visits for Treatment during Year</i>						
First Visit	...	...	...	...	751	247
Subsequent Visits	...	...	...	...	389	473
Total Visits	...	...	...	...	1,140	720
Number of additional courses of treatment other than the First Course commenced during the year	...	...	...	...	14	10
Treatment provided during the year — Number of fillings					660	381
Teeth filled	...	...	...	...	584	361
Teeth extracted	...	...	...	...	544	301
General Anaesthetics given	...	...	...	...	218	54
Emergency visits by patients	...	...	...	...	103	24
Patients X-rayed	...	...	...	...	4	33
Patients treated by scaling and/or removal of stains from the teeth (Prophlaxis)	...	...	...	...	41	103
Teeth otherwise conserved	...	...	...	...	12	—
Teeth root filled	...	...	...	...	—	12
Inlays	...	...	...	...	—	—
Crowns	...	...	...	...	—	1
Number of courses of treatment completed during the year					412	160
B. Prosthetics						
Patients supplied with F.U. or F.L. (First time)	...	...	...	...	1	13
Patients supplied with other dentures	...	...	...	...	1	23
Number of dentures supplied	...	...	...	...	5	36
C. Anaesthetics						
General Anaesthetics administered by Dental Officers	...	...	...	...	—	—
D. Inspections						
Number of patients given first inspections during year	...	...	...	...	689	208
Number of patients who required treatment	...	...	...	...	349	185
Number of patients who were offered treatment	...	...	...	...	291	184
Number of patients re-inspected during year	...	...	...	...	30	15
E. Sessions					<i>For Treatment</i>	<i>For Health Education</i>
Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to Maternity & Child Welfare patients					173	—

THE COMMUNITY NURSING SERVICES

During recent years careful attention has been given to the Lindsey Community Nursing Services so as to ensure the best possible care of the patients. The system of providing the service through fifteen nursing teams had proved efficient. Communications have improved and team leaders were able to ensure that work was distributed so that patients' needs were fulfilled to the best advantage. Attachments between nurses and general practitioners also continued to develop. In fact those concerned with the service appeared satisfied that it was achieving its objectives.

It was thus with some diffidence that the Health Committee received the Mayston Report, first published in January 1970. This report invited Local Health Authorities to reorganise their Community Nursing Services so as to be in line with the services provided in hospitals, an essential pre-requisite to the provision of efficient nursing services in the new National Health Service.

After discussions with representatives from the Department of Health and Social Security, it was decided to adopt the Mayston proposals. The scheme was considered by the Health Committee on a number of occasions and was implemented on the 1st October, 1972. Top and middle management structure needed no change, top management being filled by the Chief Nursing Officer (to be re-named Director of Nursing Services) and middle management by three Assistant Nursing Officers (to be re-named Area Nursing Officers). Ten first line managers to be called Nursing Officers, were needed to complete the structure, seven for district nursing and midwifery and three for health visiting. The Nursing Officers were appointed from team leaders already in post. Larger team areas were created, special consideration being given to attachment of staff to general practitioners, the boundary line between Lincolnshire and Humberside and the proposed new districts under the National Health Service reorganisation. Three Nursing Officers for health visiting were appointed, one for the Humberside Area and two for the rest of the County. Because the nursing staff had been used to working in teams, the transition was quite easy and the Nursing Officers without caseloads have ample opportunity to supervise and help the field staff. This new system works satisfactorily and facilitates more attachment of staff to general practitioners. It will also make for easy integration within the new National Health Service in 1974.

Nurses have continued to attend their ordinary refresher courses but these days it seems that no service can be provided efficiently without full knowledge of management so seven Nursing Officers attended a day-release Management Course lasting ten weeks at the Lincoln College of Technology in conjunction with nursing staff from Holland, Kesteven and Lincoln. The course was most informative and useful. It is hoped that similar courses will be held in the future to enable community nursing staff to be as well trained in management as their counterparts in hospital.

Now that the importance of family planning is widely recognised steps are being taken to ensure that all community nurses are able to have full, frank and informative discussions with their clients. They should thus be able to help their

clients in every possible way to obtain the expert advice they may need. Two courses were arranged for this purpose at the Horncastle Residential Training Centre. The first, held on one day, was organised by staff of the Health Department and speakers were provided from both our own staff and from elsewhere. The second, held at the same Centre, on two consecutive days, was provided by the Family Planning Association. Neither course was designed to train nurses to undertake work in family planning clinics but both courses appeared to be highly successful in fulfilling the objectives described above.

Lincolnshire was selected by the Department of Health and Social Security as one of the experimental areas for testing their ideas on the management of the reorganised National Health Service. The Nursing Officers were fortunate in being able to take part in these discussions on what was described by the Department of Health as "a first tentative hypothesis".

HOME NURSING

<i>Year</i>	<i>General cases</i>	<i>Visits</i>	<i>Bathing Attendants' visits</i>	<i>Surgery attendances</i>
1969	6,595	166,141	28,159	340
1970	6,716	171,128	31,964	856
1971	6,784	173,454	36,835	1,295
1972	8,990	186,534	44,221	1,507

There was once again an increase in work. More attachments of staff to general practitioners have been made and more nurses are working in general practitioners' surgeries. Liaison with hospitals has increased and there are regular meetings of hospital sisters and community nurses at most hospitals. This has certainly led to greater understanding and the solving of problems.

The need for bathing attendants still grows. Once again, the number of patients requiring their services has increased. A very successful study day was held in September when they were guests at the Scartho Road Hospital, Grimsby. Visits were made to the new day unit and geriatric wards and useful discussion ensued.

The Marie Curie Nursing Service has been well used and has given great relief to patients and their relatives. Extra nursing care has also been given to selected cases other than nursing of cancer; this too is a service which is likely to increase.

The District Nurse Training Course was held in conjunction with Scunthorpe and Grimsby and twelve State Registered Nurses and two State Enrolled Nurses from Lindsey were successful in obtaining the National Certificate. All candidates were successful and this reflects the quality of teaching and instruction given by the nursing officers concerned.

The General Nursing Council's syllabus for nurse training now enables nurses to undertake part of their training in the community. The first hospital authority serving Lindsey to take advantage of this reorientation was the Grimsby Hospital Management Committee and following discussions between nursing officers of both Hospital and Local Authorities training programmes were sent for approval by the General Nursing Council and the Department of Health.

MIDWIFERY

<i>Year</i>	<i>Domiciliary births</i>	<i>Percentage of total births</i>	<i>Institutional births</i>	<i>Total births</i>
1968	810	16%	4,372	5,182
1969	609	11	4,768	5,377
1970	487	9	4,821	5,308
1971	362	6.9	4,822	5,184
1972	250	4.1	4,685	4,835

The number of district nurse/midwives remains constant. Home confinements now amount to no more than about 4% of the total births. It thus comes about that domiciliary midwives maintain very limited experience and have to travel on many occasions quite long distances to attend their patients. The situation is such that it can only be solved by free interchange of midwives between the hospitals and the community, yet administrative barriers have created almost insuperable difficulties in this respect. Midwives choose to work in either hospital or the community but few it seems want to work in both. Meetings have been held with staff in maternity units to discuss an integrated service. These discussions have been useful but no overall plan has yet emerged. It is therefore hoped that as time goes on after the introduction of the new integrated National Health Service those patients who elect to have their babies at home can be delivered by midwives whose experience entails more than that of one or two deliveries a year.

One of the greatest advocates of proper preparation for childbirth was the late Dr. Grantley Dick Read and some years ago many of the Lindsey nurses and midwives were able to take part in a one-day seminar held in the Council Chamber, at which Dr. Grantley Dick Read and his wife were the speakers. Since then there have been many exponents of the art of antenatal teaching, each with their own ideas and methods. One is Mrs. E. Montgomery, a physiotherapist specialising in this subject, and she was the tutor of a two-day course on Mothercraft and Relaxation attended by thirty of our midwives and health visitors at Louth County Hospital. With an increase in training of nurses and midwives in this subject more and more mothercraft and relaxation classes are being held.

HEALTH VISITING

The number of health visitors in Lindsey falls short of the already inadequate number of established posts. There has been some success with advertising. Six health visitors have come to the area but these have only just kept pace with resignations and retirements. Successful recruitment campaigns resulted in seven students commencing training in September. This should improve the situation in 1973, but considerable leeway will have to be made up, to compensate for the Council's policy of financial stringency exercised within the last few years. Three health visitors finished their training and were successful in gaining their Certificate in Health Visiting and commenced work in October.

Where there are sufficient staff, attachment to general practitioners has been implemented. There are now forty-six health visitors in post and of these, twenty-two are attached. In other areas there is good liaison with general practitioners.

It has been necessary to increase the health visitor auxiliaries over the years and there are now seventeen in post. They assist at school medical examinations, hygiene inspections, in the clinics and with screening tests for hearing for infants. This has eased considerably the burden of the health visitors' work. Hygiene inspections have had to be more frequent as the incidence of head lice has increased. This is a national problem and extra vigilance is needed and possibly more staff will be required to keep this condition in check.

HEALTH EDUCATION

Mothers' Clubs are still very popular and form a very useful medium for health education. A very successful rally was held in May at the Winter Gardens, Cleethorpes. Over 450 people attended. The speaker was Miss Evelyn Home who spoke extremely well and amusingly on "Sharing Your Family Problems With Me".

Health education is continuing in schools but much more could be done if more health visitors were available.

VACCINATION AND IMMUNISATION

The County Council's policy of offering vaccination and immunisation has been maintained. Parents are offered protection for their children against diphtheria, tetanus, whooping cough, poliomyelitis, measles, german measles (rubella) and tuberculosis in accordance with the recommended procedures and the tables on the next two pages illustrate the numbers dealt with in the various age groups.

As explained in last year's report, vaccination against smallpox is no longer a routine procedure in early childhood and only travellers to certain countries and other persons considered to be at risk are offered vaccination.

The Department of Health and Social Security during the year advised that women of child bearing age who wish to be protected against rubella should be vaccinated if they are not naturally immune. The Department do not, however, recommend routine rubella vaccinations of women of child bearing age except for those considered to be at special risk of either acquiring rubella or transmitting it to others. In particular, women considered to be a special risk include school teachers, nursery staff, nurses and female doctors in children's hospitals, etc. The County Council's Health Committee agree that vaccinations should be offered to these special categories of women and accordingly, after consultation with the Director of Education, rubella vaccination has been offered to all teachers of child bearing age in Lindsey schools.

Health Education staff and health visitors, together with doctors at child health clinics, continue to advise parents to have their children protected but as the incidence of the various infectious diseases subsides it becomes more difficult to persuade parents of the risks for their children if protection is not sought.

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1972
 Table 1 - Completed Primary Courses - Number of persons under age 16

Type of vaccine or dose	LINDSEY (Excluding Borough of Scunthorpe)						SCUNTHORPE M.B.					
	Year of birth			Others under age 16			Year of birth			Others under age 16		
	1972	1971	1970	1969	1965-68	Total	1972	1971	1970	1969	1965-68	Total
1. Quadruple DT ₃ PP	-	-	-	-	-	-	-	-	-	-	-	-
2. Triple DTP	252	2,759	979	140	160	26	4,316	-	498	346	28	26
3. Diphtheria/Pertussis	-	-	-	-	-	-	-	-	-	-	-	898
4. Diphtheria/Tetanus	-	5	5	4	45	53	112	-	3	11	3	56
5. Diphtheria	-	-	-	-	-	-	-	-	1	-	-	4
6. Pertussis	-	-	-	-	-	-	-	-	-	-	-	77
7. Tetanus	5	4	4	6	50	218	287	-	3	-	3	12
8. Salk	-	-	-	-	-	-	-	-	-	-	-	185
9. Sabin	245	2,783	917	112	160	31	4,248	-	493	367	29	98
10. Measles	22	1,238	983	248	361	106	2,958	1	303	247	34	118
11. Lines 1 + 2 + 3 + 4 + 5 (Diphtheria)	252	2,764	984	144	205	79	4,428	-	501	358	31	82
12. Lines 1 + 2 + 3 + 6 (Whooping Cough)	252	2,759	979	140	160	26	4,316	-	498	346	28	26
13. Lines 1 + 2 + 4 + 7 (Tetanus)	257	2,768	988	150	255	297	4,715	-	501	360	31	94
14. Lines 1 + 8 + 9 (Polio)	245	2,783	917	112	160	31	4,248	-	493	367	29	98
												1,025

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1972 (cont'd.)

Table 2 - Reinforcing Doses - Number of persons under age 16

Type of vaccine or dose	LINDSEY (Excluding Borough of Scunthorpe)						SCUNTHORPE M.B.					
	Year of birth			Others under age 16			Year of birth			Others under age 16		
	1972	1971	1970	1969	1965-68	Total	1972	1971	1970	1969	1965-68	Total
1. Quadruple DTPP	-	-	-	-	-	-	-	-	-	-	-	-
2. Triple DTP	-	109	43	53	608	30	843	-	2	5	2	5
3. Diphtheria/Pertussis	-	-	-	-	-	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	-	78	11	2,815	128	3,032	-	1	1	781	29
5. Diphtheria	-	-	-	-	-	-	-	-	-	-	9	1
6. Pertussis	-	-	-	-	-	-	-	-	-	-	-	10
7. Tetanus	-	4	14	25	156	447	646	-	-	1	1	767
8. Salk	-	-	-	-	-	-	-	-	-	-	-	-
9. Sabin	-	81	71	67	3,497	125	3,841	-	6	8	4	843
10. Lines 1 + 2 + 3 + 4 + 5 (Diphtheria)	-	109	121	64	3,423	158	3,875	-	2	6	3	881
11. Lines 1 + 2 + 3 + 6 (Whooping Cough)	-	109	43	53	608	30	843	-	2	5	2	91
12. Lines 1 + 2 + 4 + 7 (Tetanus)	-	113	135	89	3,579	605	4,521	-	2	7	4	891
13. Lines 1 + 8 + 9 (Polio)	-	81	71	67	3,497	125	3,841	-	6	8	4	843
												1,589
												728
												927
												105
												1,705
												1,589

AMBULANCE SERVICE

The Ambulance Service now fills a highly specialised role in the community and the staff who man it need a high degree of skill not only in being able to care for their patients but in being able to drive them to their destination safely, speedily and with comfort.

Statistics

Statistics provide a measure of the quantity of work undertaken but they are no measure of its quality.

Table 1 illustrates the amount of work undertaken during 1972 and shows comparative totals for 1971. Columns (3) and (4) are the most significant, especially Column (3) which shows an increase in stretcher out-patients of over 12,000, or just under 50%. At Scunthorpe alone there was an increase in patients conveyed from 8,550 in 1971 to 16,312 in 1972; at Epworth the increase was from 313 to 1,458; at Cleethorpes it was from 4,343 to 5,780 and at Louth it was from 1,639 to 2,148.

Sitting cases shown in Column (4) increased by about 9% from 88,976 in 1971 to 97,532 in 1972.

When compared with 1970 there has been an increase from 14,425 to 38,716 in stretcher out-patients – an increase of 169%.

Voluntary Car Service mileage has increased by 56,000 but there were 9,000 fewer patients conveyed by this means than in 1971. More long distance journeys to hospitals and treatment centres have contributed to this change.

Training

The continuing process of training ambulance staffs to national standards has again been a feature in the activities of the Service this year.

In accordance with national recommendations, and following the County Council's policy of several years, staff attend a one-week course in hospital every third year. In the past all such training has taken place at Lincoln County Hospital; this year it has been extended with complete co-operation to Scunthorpe General Hospital. Negotiations are taking place to organise similar activities at Grimsby General Hospital and the Pilgrim Hospital, Boston.

The advantages of extending these training facilities to all major hospitals, is that staff can henceforth be trained in the same hospital and with the same hospital staff with whom they normally work and associate. It does also have the effect of reducing the distance which staff have, in the past, had to travel in order to participate.

Ambulance Service Instructors have additionally given training to the Police, Fire Service, general practitioners and hospital staff. They have also given numerous periods of instruction at schools and to voluntary organisations.

Although additional staff were appointed in 1972 to assist with additional workloads, the cumulative effect of workload and loss of staff time for increased training and leave has created a negative situation. In 1971 some 26,708 hours were lost in training, sickness and leave. This time was replaced by 'utilising' 31,977 hours of overtime. In 1972 the comparative figures were 30,398 hours lost and 34,978 hours overtime.

Establishment is, of course, increased each year on the basis of the previous year's figures. If a satisfactory situation is to be achieved establishment increases should be related to projected estimates of demand and not, as at present, be retrospective.

Training Statistics

Total wholetime staff	107
Total auxiliary staff	45
Grand total	<u>152</u>

Ambulance training:

Currently qualified under basis of having undergone 6 week new entrant course or 2 week refresher course:-

Wholetime staff - 97 (10 new entrants courses arranged)
Auxiliary - 41 (4 new entrants)
Grimsby staff - 16

Hospital training:

Wholetime who undertook training prior to 1971 - 47
Wholetime who undertook training during 1972 - 31
To undertake training during 1973 - 76

Training arranged for 1973:

Senior Officer Management	...	...	...	2
Mid-Management (Provisional)	...	...	...	4
1st. Line Supervisory Management (Provisional)				5
Control Courses (Provisional)	...	...	...	7
Horncastle 2 week Refresher	- 5 courses			58

2 week Refresher - Training undertaken to-date locally at Horncastle College

Wholetime	- 89
Auxiliary	- 47
Grimsby	- 16
Total trained	<u>152</u>

Radio

The complete radio communications system of the Ambulance Service has this year been replaced. This was in order to renew equipment at the end of its effective life, to comply with new regulations of the Ministry of Posts and Telecommunications and to conform to recommendations that Ambulance Service communications should operate within the high band using frequency modulation.

The basic system became operational early in December and has proved extremely efficient. The remainder of the scheme soon became operational and included an additional base station transmitter/receiver at Gainsborough and a selective call and vehicle identification system throughout the Scunthorpe group of stations.

A number of general practitioners in Lindsey are now equipped with radio for emergency purposes to enable them to turn out to accidents. Their assistance has been invaluable on a number of occasions.

Vehicles

During the year 28 new ambulances constructed on the Bedford CF chassis and coachbuilt by Hanlons of Ireland have been brought into service. Some minor modifications have been made, notably a change in the suspension which provides for a much improved patient ride and a larger power unit of 2.3 litres which is again a marked improvement.

Nationally, research is being carried out in an attempt to produce a vehicle which meets all the criteria of an ambulance. One such vehicle based on a SOVAM chassis with a PEUGOT power unit has now been built and is on trial.

Transport of patients to specialist units is involving the Service in an increasing amount of single stretcher journeys to distant hospitals. These patients are in the main seriously ill and many occur as inter-hospital emergencies. The need for a specialist vehicle to deal with these journeys has become increasingly apparent and currently investigations are being carried out in order to determine what might be the most suitable type of vehicle.

Premises

The various stations throughout the County have not all been satisfactory, some being old buildings and shared with the Fire Service. These have been inadequate in terms of facilities and not conducive to either good morale or efficiency on the part of those staff concerned. It is therefore pleasing to note that plans are in hand for purpose-built accommodation to be provided in four areas: Scunthorpe, Barton-upon-Humber, Spilsby and Horncastle.

The following table gives details of cases conveyed and mileages travelled:—

TABLE 1

Station	Cases for admission		Out-patients & treatments		Cases discharged & transferred from hospitals etc.		Emergency cases		Totals		
	Stretcher (1)	Sitting (2)	Stretcher (3)	Sitting (4)	Stretcher (5)	Sitting (6)	Stretcher (7)	Sitting (8)	Stretcher (9)	Sitting (10)	Miles (11)
Scunthorpe	1,604	400	16,312	12,738	881	835	1,673	274	20,470	14,247	149,899
Barton	298	87	2,042	5,403	216	210	235	11	2,791	5,711	59,814
Brigg	297	59	2,288	3,989	256	167	335	23	3,176	4,238	54,611
Gainsborough	519	193	2,705	15,023	248	308	501	118	3,973	15,642	100,779
Epworth	127	28	1,458	2,774	137	67	55	1	1,777	2,870	27,847
Cleethorpes	830	241	5,780	11,577	922	632	1,409	205	8,941	12,655	120,860
Immingham	309	125	2,549	4,501	332	250	635	65	3,825	4,941	80,293
Louth	590	133	2,148	12,686	690	226	692	38	4,120	13,083	145,905
Mablethorpe	193	109	400	6,556	158	175	341	51	1,092	6,891	67,016
Market Rasen	195	34	817	4,597	75	52	286	47	1,373	4,730	62,133
Skegness	510	197	920	11,100	411	659	952	93	2,793	12,049	145,609
Horncastle	318	50	733	3,436	102	86	288	34	1,441	3,606	62,813
Spilsby	170	47	564	3,152	97	60	138	10	969	3,269	39,324
TOTALS	5,960	1,703	38,716	97,532	4,525	3,727	7,540	970	56,741	103,932	1,116,903
Year 1971	5,616	1,664	26,564	88,976	4,484	4,292	7,315	1,104	43,979	96,036	1,058,501

The table below gives details of patients conveyed by the Voluntary Car Service

TABLE 2

Year	Cases for admission to hospital	Cases for out-patient treatment	Cases discharged and transferred hospitals	Totals	
				Cases	Mileage
1972	1,507	49,853	1,823	53,183	809,967
1971	1,280	58,675	2,116	62,071	753,068

The following table gives details of mileages incurred by the Service, year by year, since 1963

TABLE 3

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Ambulance Mileage	877,680	1,161,978	1,188,912	1,115,394	1,117,295	1,130,390	1,079,829	100,227	1,058,501	1,116,903
V.C.S. Mileage	499,763	170,645	153,939	240,395	328,744	359,687	443,627	644,098	753,068	809,967
Mileage worked by Holland C.C.	1,251	651	400	756	652	717	479	361	494	334
Mileage worked by Lincoln C.B.C.	4,095	4,836	5,522	4,474	—	—	—	—	—	—
TOTALS	1,382,789	1,338,110	1,348,773	1,361,019	1,446,691	1,490,794	1,523,935	1,646,734	1,812,063	1,927,204

The following table gives details of cases conveyed annually by rail since 1968

TABLE 4

Year	Stretcher Cases	Sitting Cases	Rail Miles	Mileage travelled by County Council ambulances & voluntary car service vehicles in conveying patients to and from railway stations
1972	2	221	27,740	2,525
1971	1	299	36,008	3,351
1970	7	329	37,617	3,545
1969	6	449	44,802	3,584
1968	5	333	34,031	3,719

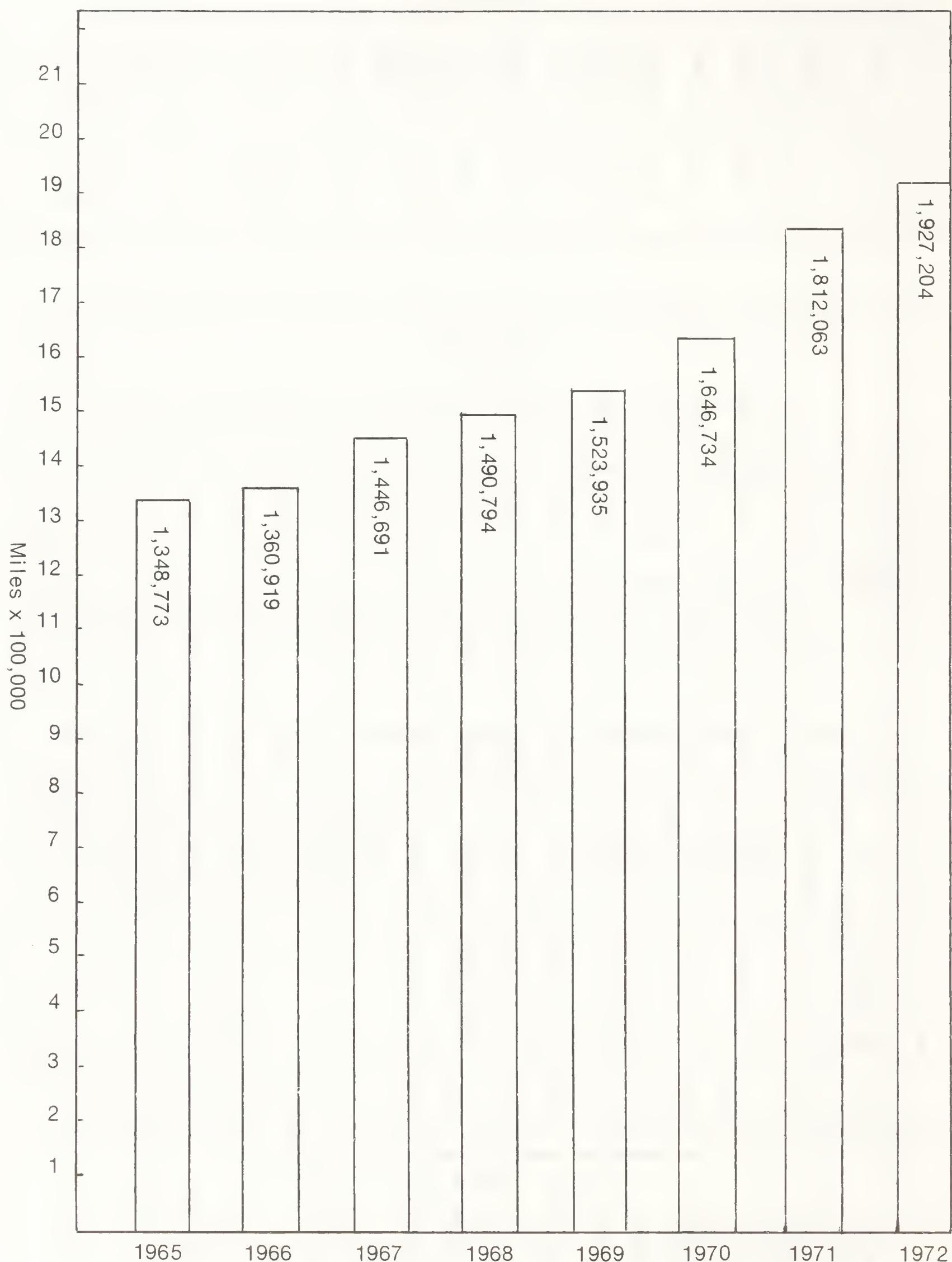
The following table gives details of patients conveyed by the Holland County Council on behalf of the Lindsey County Council

TABLE 5

Stretcher Cases		Sitting Cases		Totals	
No. of cases	Mileage	No. of cases	Mileage	No. of cases	Mileage
33	317	2	17	35	334

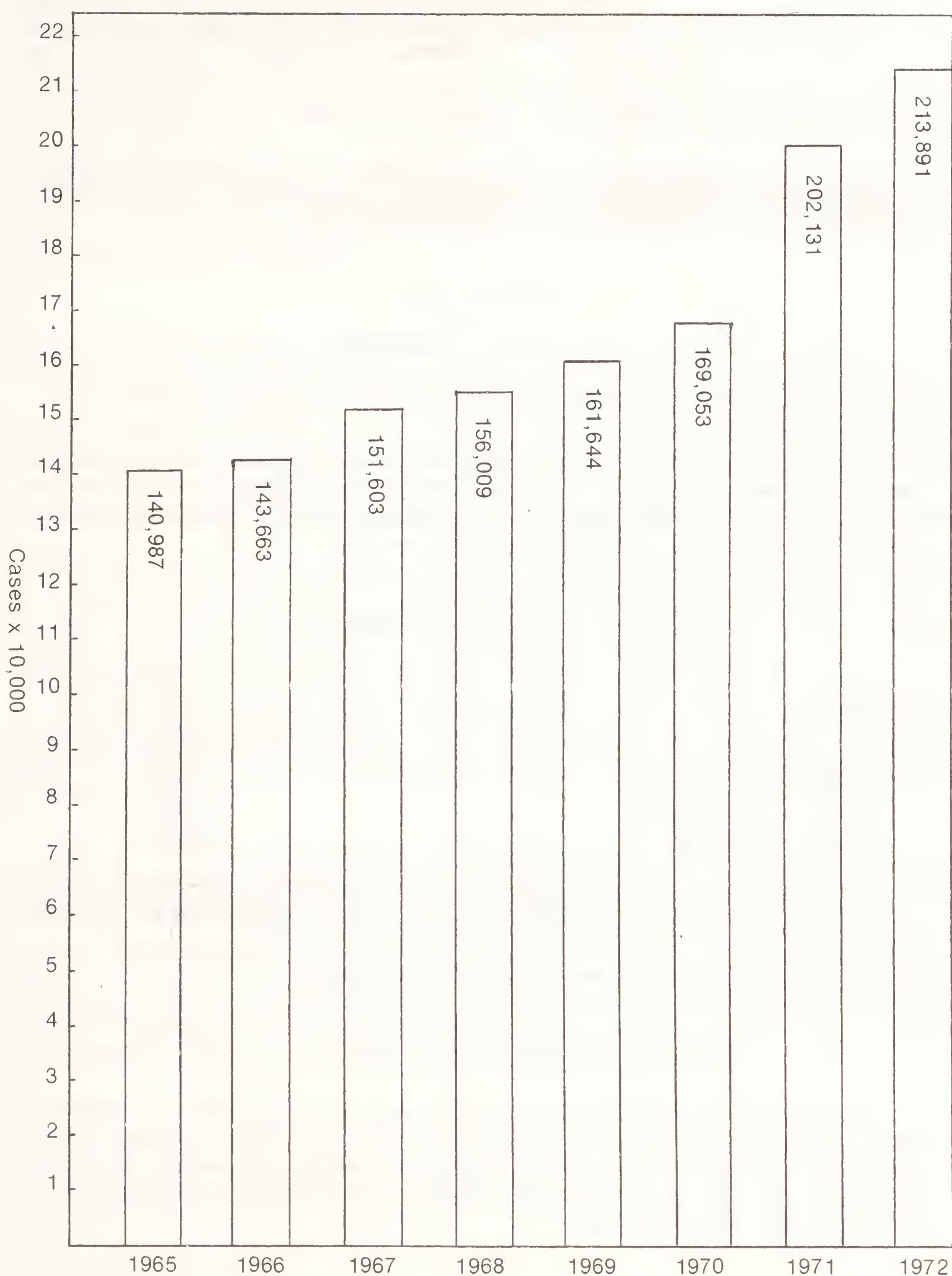
ANNUAL INCREASE IN AMBULANCE SERVICE MILEAGE

GRAPH 1



ANNUAL INCREASE IN PATIENTS
CONVEYED BY THE AMBULANCE SERVICE

GRAPH 2



PREVENTION OF ILLNESS – CARE AND AFTER-CARE

Under Section 28 of the National Health Service Act, 1946, Local Health Authorities have had the opportunity to provide a wide variety of services. The scheme for the prevention of tuberculosis has been mandatory and the figures illustrate the considerable success which has been achieved.

The other schemes provided under this section of the Act include chiropody for the elderly and handicapped, health education, convalescence, family planning, and adaptations of homes for artificial kidney machines.

TUBERCULOSIS

Chest clinics are provided by the Regional Hospital Board but the local health authority is involved in ensuring that all contacts of tuberculosis are traced and invited to the chest clinics for examination.

Children are routinely tested for tuberculosis at the age of 13 years or when they have been in contact with a known case. The children showing negative results to the tests are offered B.C.G. vaccination against tuberculosis and those showing a positive reaction are invited for an x-ray.

VACCINATION AGAINST TUBERCULOSIS

During the year 1972 the number of skin tests and B.C.G. vaccinations were as follows:-

	<i>School children and students</i>
Number skin tested	6,446
Number found positive	466
Number found negative	5,980
Number vaccinated	5,978

The children who showed a positive reaction represented 7.2% of the number tested. These positive reactors who have not previously received the B.C.G. vaccination were offered a chest x-ray at either the nearest chest clinic, or the Lincolnshire Mass Radiography Unit if it was available near by.

CONTACT SCHEME

The scheme for vaccination of persons known to have been in, or likely to come into contact with, cases of tuberculosis, was carried out at the chest clinics. The returns submitted by the Chest Physician show that the number of persons' skin tested was 352, the number found positive 41, the number found negative 309 and the number vaccinated 365.

CONVALESCENCE

The number of patients admitted under the County Council's scheme to convalescent homes for a recuperative period was 75 as compared with 75 in 1971. The average length of stay of patients admitted in 1972 was two weeks.

ADAPTATIONS OF HOMES TO INSTAL ARTIFICIAL KIDNEY MACHINES

Only one request was received during 1972 for a Lindsey patient at Sudbrooke for the necessary adaptation of the home to take the artificial kidney machine provided by the Hospital Service. There are seven machines in operation throughout the Lindsey Area, at present.

CHIROPODY SERVICE

The establishment of chiropodists has been increased during the year to meet the ever expanding demand for the service. Whilst it was not possible to fill all the eighteen full time posts, this figure was almost reached during the course of the year and it was possible to provide a service in nearly every area of the county. Unfortunately the chiropodist operating in the Horncastle area left in November and it has not so far been possible to recruit a suitable replacement. The establishment for the financial year 1973-74 has once again been increased to provide up to twenty chiropodists and it is anticipated that two of the chiropodists at present undertaking their training through the auspices of the County Council's training scheme, will qualify this summer and be available for service.

During 1972 a second mobile chiropody unit was ordered to be brought into service in 1973. It will operate in the rural districts of Horncastle, Louth and Spilsby and provide much more suitable and hygienic conditions for the chiropodists in those areas.

The introduction of the mobile chiropody clinics has already proved a most popular development with both patients and staff resulting in increased efficiency allowing the chiropodists to deal with more patients per session.

The demand for the service continues to increase and it is proving extremely difficult to maintain the visiting cycle of six weeks which is the aim. However, if the present level of staffing can be maintained and the new posts filled, in the next financial year, it is hoped to keep up with the demand.

Number of Treatments given by Local Authority Chiropodists

Category	Lindsey			Scunthorpe			Whole County Total
	Clinic	Home Visit	Total	Clinic	Home Visit	Total	
Elderly	23,085	22,902	45,987	4,782	3,023	7,805	53,792
Physically Handicapped	233	1,317	1,550	489	75	564	2,114
Expectant Mothers	9	9	18	13	—	13	31
Mentally Subnormal	488	294	782	3	—	3	785
TOTAL	23,815	24,522	48,337	5,287	3,098	8,385	56,722

Number of Treatments given through the auspices of Voluntary Committees

Elderly	Physically Handicapped	Expectant Mothers	Total
2,379	—	—	2,379

CERVICAL CYTOLOGY

Cervical cytology screening sessions were regularly held at seven clinics throughout the county. Details of the number of women attending the clinic are shown in the table. Attendances have fallen considerably at Barton-upon-Humber, Brigg and Gainsborough whilst they have increased dramatically at Cleethorpes. It is difficult to give any explanation for these local variations but every effort is made to increase public awareness of the service in order that women at risk might be suitably screened.

The introduction of the national recall system is one of the factors which increased the demand at Cleethorpes and possibly will have the same effect elsewhere in the coming year.

The domiciliary cytology service which was commenced in 1971 has not produced any great demand and only sixteen cases were dealt with in this way during 1972. It was not anticipated that the numbers requiring the domiciliary service would be high but it is surprising that more cases are not being referred.

Cytology Clinics

<i>Centre</i>	<i>Total attendance</i>	<i>No. of sessions</i>	<i>Average attendance</i>
Barton-upon-Humber	69	20	3
Brigg	73	19	4
Cleethorpes	466	28	17
Gainsborough (Spital Terrace)	373	33	11
Mablethorpe	133	13	10
Skegness	146	20	7
Scunthorpe Ashby	1,039	122	8
TOTAL	2,299	255	9

HEALTH EDUCATION

INTRODUCTION

The main function of Health Education is to encourage a positive attitude towards good health, showing it to be something valued for its own sake and not merely something to be desired when it is lost.

It must be a planned activity and not just one of those things that happens now and then, an occasional talk or film show.

STAFF

During the year under review the Section was at full establishment except for the month of July when it was one Assistant Health Education Officer short.

Again this year it was not possible to appoint any additional staff for financial reasons.

Currently the present staff is working at full capacity and if health education is to have growth and expansion then this will only be achieved by appointing additional staff. It is equally important that some form of training be made available to health education staff and adequate funds provided to meet this need.

Continuous encouragement is given to schools to carry out their own health education and to call on the section for help and assistance with special subjects and for the use of visual aids. By schools carrying out their own health education it should ease the workload on the teaching side and provide time for other tasks which are still waiting to be done.

It is vitally important that health education staff become fully involved in the whole field of health education, administration, preparation of teaching material, teaching itself, art and display work etc.

PRIMARY SCHOOLS

As a result of the survey carried out in primary schools in 1971 a modified Health Education Syllabus for them was introduced in 177 schools (90%) during 1972. Eighty schools (41%) were dealt with by Health Education staff and this involved 678 lectures to a total of 2,911 children. Seventy schools (36%) were dealt with by Health Visitors and 27 schools (13%) by the schools themselves. By devoting this considerable proportion of time and effort to the school population a complete cross-section of the future adult population is involved.

At schools where the Health Education Syllabus was carried out by Health Education staff both the staff and pupils expressed their appreciation both verbally and in writing. There was a genuine desire for the courses to continue through the various age groups.

Some schools which were initially doubtful about the course quickly lost their apprehensions after observing the interest of the pupils at the first one or two lessons. Where school head teachers were in doubt preliminary talks were given to parents to reassure them and give them an outline of the course.

DENTAL HEALTH

Dental Health Education continued to be a major feature during the year in 216 primary schools, 6 special schools and 2 nursery schools. The lectures on the rules of dental care and hygiene were helped by the visit of "Pierre the Clown" who in a period of one week visited 29 schools and talked to a total of 9,324 children.

PARENT TEACHER ASSOCIATIONS

At the request of Parent Teacher Associations throughout the county, Health Education staff gave talks on a number of occasions. At these meetings they were able to acquaint them fully with the Health Education Syllabus that was being introduced into the primary schools. The talks motivated interesting and stimulating discussions about the various aspects of health education in schools.

SECONDARY SCHOOLS

It is generally accepted that health education is included incidentally in the school curriculum but many secondary schools are now realising that this is not sufficient and that a little more than just incidental health education was required by 67% of secondary schools ranging from one talk to as many as twelve. A typical health education programme used in secondary schools included such topics as smoking, drugs, alcohol, personal hygiene, childbirth and development, personal relationships, venereal diseases, home safety, water safety together with resuscitation and simple first aid, etc.

A considerable amount of preparatory work was carried out on a proposed syllabus and teaching notes for 12-13 year olds. It is intended to introduce this in 1973-74 to pupils in the age range that were offered the junior school syllabus this year.

SPECIAL SCHOOLS

At the special schools which were all visited, the talks were confined mainly to personal hygiene and dental care with the exception of two where a full health education programme was carried out.

COLLEGES

We are still only scratching the surface in these establishments. Some students have health education topics introduced into Liberal Studies groups but the greater

percentage of both full and part-time students receive no health education whatsoever.

YOUTH CLUBS

Health education is a popular subject with youth clubs and they in turn have a high priority in the activities of the section. Topics deal with some of the problems of young people and positive help and advice is offered. All club leaders are made aware of the service available to them during their training weekends where health education is a part of their training programme. In a large percentage of clubs there is a permanent display of health education posters and leaflets.

The fact that youth work takes place in the evening presents a continuous problem due to the fact that there is a lack of staff who are willing to do evening work over any period of time.

EQUIPMENT

During the year the Health Education Centre moved into offices at 1 Rauceby Terrace, Lincoln. The accommodation consists of separate offices for the Health Education Officer and Assistant Health Education Officers with a General Enquiry Office for a clerk. Additionally, there are storage rooms for posters, leaflets, equipment and exhibition materials and a workshop for the preparation of exhibitions and displays.

The Health Education Centre is a central source of technical information, teaching material and visual aids.

In 1972 the four films, "Where There's Smoke", "Learning to Live", "Digestion and the Food We Eat" and "Bones and Joints", and the three filmstrips "Step by Step to Grown Up Meals", "Pretty Things for Growing Mothers" and "More Little Feet" were added to the film/filmstrip library.

Teaching notes comprising the Health Education Syllabus for Junior Schools have been published and sent to all Health Visitors. Sufficient additional copies have been printed to send to all schools should they require them.

There has been a steady stream of requests from school children for material on health education to assist them in projects and examinations for the C.S.E., G.C.E., Duke of Edinburgh Award Scheme, etc.

The figures shown in the table indicate the increase in demand for health education service, lectures, films, etc., and shows too the upward trend in total audiences.

As more visual aids are used there will be an increasing demand for repair and maintenance of films, projectors and other equipment. This, in turn, raises the question of whether a technician should be appointed to the staff.

TABLE SHOWING USE OF AUDIO-VISUAL AIDS AND AUDIENCE ATTENDANCE

Equipment	1969			1970			1971			1972		
	Times requested	Audience number	Times requested	Audience number	Times requested	Audience number	Times requested	Audience number	Times requested	Audience number	Times requested	Audience number
8mm Films	—	—	7	262	1	25	4	87				
16mm Films	396	11,155	267	8,499	500	20,478	541	21,289				
Film Strips/Slides	Not recorded	100	1,639	96	1,799	202	202	4,090				
TOTAL	396	11,155	374	10,400	597	22,302	747	25,466				
Charts	Not recorded		Not recorded		16	243	159	3,527				
Flannelgraphs	Not recorded		Not recorded		17	352	351	8,807				
Models	Not recorded		Not recorded		107	697	100	4,646				
Transparencies	Not recorded		Not recorded		—	—	18	317				
Specimens	Not recorded		Not recorded		4	127	25	1,498				
Talks	Not recorded		Not recorded		39	1,313	52	2,165				
Tapes	Not recorded		Not recorded		—	—	3	24				
Records	Not recorded		Not recorded		—	—	2	60				
Grand Total Demand for Service	396	11,155	374	10,400	780	25,034	1,457	46,510				

IN-SERVICE TRAINING

Health Education staff were involved in the in-service training of a variety of County Council staff including ambulance staff, district nurses, health visitors and youth workers.

CLINICS

These are ideal for health education both on a group and personal basis. It is in this particular area that the health visitor and district nurse/midwife is playing an ever increasing role.

High priority is given to the teaching of expectant mothers and the aim of the classes is to inform, instil confidence and ensure that the confidence extends to the initial care after the birth of the baby.

Help and instructions given at parentcraft classes is of lasting benefit and stresses the need for shared responsibility in children involving not only the mother but the father also. In order to foster this type of involvement parentcraft classes are held in the evening.

A great deal of teaching is carried out at Child Health Clinics where a lot of mothers attend and have shown considerable interest in the health education material, posters, leaflets, exhibitions, etc.

During last year the topics covered by the monthly poster scheme were:—

January — Colds and Flu

February — Vaccination and Immunisation

March — Cervical cytology

April — Cuts and gashes

May — Water safety

June — Mentally handicapped

July — Care of milk

August — Children's feet

September — Smoking

October — Firework safety

November — Dental health

December — Christmas safety

and exhibitions covering the following subjects were displayed:—

Cot safety, electric wiring, stairs, tidy up, garden, dental, kitchen, metric medicines, destroy medicines, fireplace, sink, hazard house, bathroom, vaccination and immunisation.

FAMILY PLANNING

Close liaison with the Family Planning Association has continued throughout the year. A family planning campaign and an open meeting at Horncastle drew the attention of local people to the subject of family planning and the clinic facilities available to them. As a result of the experience gained in Horncastle a much larger campaign was planned to take place in Cleethorpes in the early part of 1973.

There has been a marked increase in requests from schools for talks on birth control, this being a further extension to the health education programme.

CERVICAL CYTOLOGY

This was one of the monthly poster topics circulated to clinics, etc. where each health visitor uses her own discretion as to the form in which she displays this publicity material.

Posters and leaflets were distributed in factories by the Occupational Health Nursing Sisters who play an important role in persuading workers to take advantage of this service.

VENEREAL DISEASE

The section is always willing to provide speakers, literature and visual aids on this subject, it is preferred not to take it as an isolated subject but include it as part of an overall health education programme.

SMOKING

Lectures, discussions and film shows have taken place and directed to a wide variety of audiences ranging from primary schoolchildren to senior citizen clubs.

At major cinemas throughout the county very short films were shown, sponsored by the Health Education Council.

General practitioners were supplied with posters and leaflets for waiting rooms. Monthly poster topic on this subject used the theme "Smoking in Pregnancy".

ASIANS

In the past there has been little or no demand for health education literature for an immigrant population but with the arrival of the Ugandan Asians to the two centres, Hemswell and Faldingworth, there was an immediate and urgent need for leaflets and posters in Asian languages. Initially teaching and advice at these centres was mainly on health and hygiene but as they became established many other topics were covered, e.g. family planning, diet, safety, etc.

CONCLUSION

Co-operation is the key word in Health Education and it is only by close co-operation of all the people involved in this work that we can hope to achieve our aims and the community as a whole benefit from our labours.

BIRTH CONTROL SERVICES

During 1972 the Family Planning Association continued to provide a family planning service on behalf of the County Council. This agency arrangement has been in operation since 1968 and is now based on the Family Planning Association's National Family Planning Agency Scheme. Under the scheme patients receive free advice, examination and medical supervision but pay for contraceptive supplies and appliances. However, in circumstances where, in the opinion of the examining doctor, a woman's health is considered liable to suffer by the increased mental, physical or social burdens placed on her by pregnancy, the whole service is provided free of charge.

Direct Local Authority Clinics

In April, 1972 the first family planning clinic operated directly by the County Council was opened at St. Hugh's Avenue Clinic, Cleethorpes. Cleethorpes was chosen from consideration of the area of the County considered to be most in need of additional family planning facilities. A number of local authorities, doctors and nurses have been sponsored by the County Council for training by the Family Planning Association and at first the Cleethorpes Clinic was staffed entirely by local authority staff. However, the medical aspect of the work at the clinic is now undertaken by a local F.P.A. trained family practitioner who provides his services on a sessional basis.

As anticipated, this clinic has proved to be a success and despite the time required for attendances to build up a clinic when first opened, there were 423 attendances in less than nine months of operation.

The Cleethorpes Clinic also provided an opportunity to gain experience in operating a direct service and as a result of this experience a further direct clinic operated by F.P.A. trained local authority staff was opened at Nettleham Health Centre, near Lincoln, on 30th November, 1972. There were only three sessions up to the end of the year and therefore attendances shown in the accompanying table are not indicative of likely demand, but at time of writing the indications are that this clinic will also prove to be a success.

Apart from the opportunity to gain experience in the operation of direct local authority family planning clinics, the purpose of the clinic has been to supplement the services provided on an agency basis by the F.P.A. They are in no way intended to be competitive and it is hoped that the standard of service at least compares favourably with that provided in the F.P.A. Clinics. However, it does provide an opportunity to try new procedures and to vary the service outside the constraints imposed by the Family Planning Association in the agency clinics.

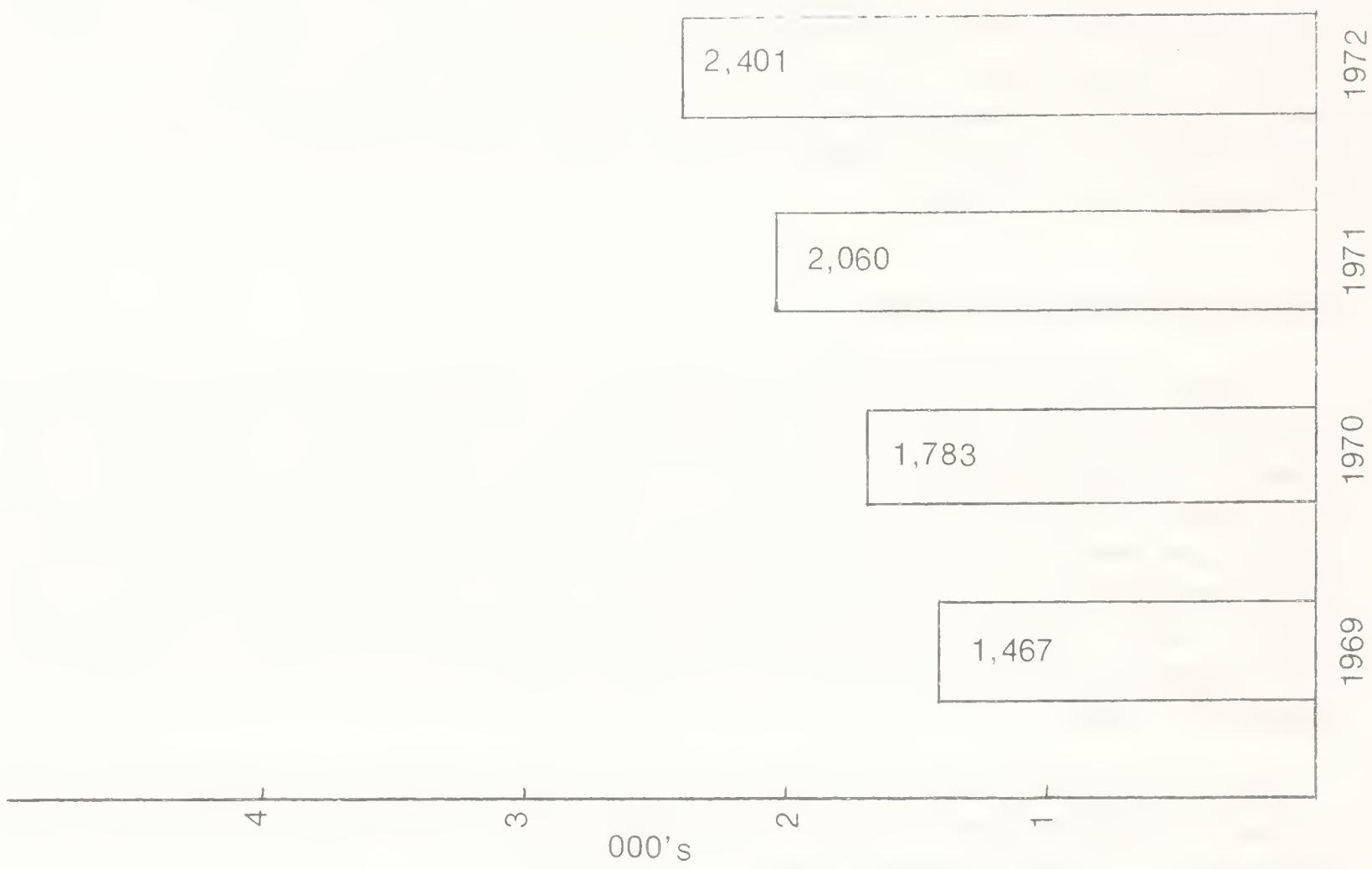
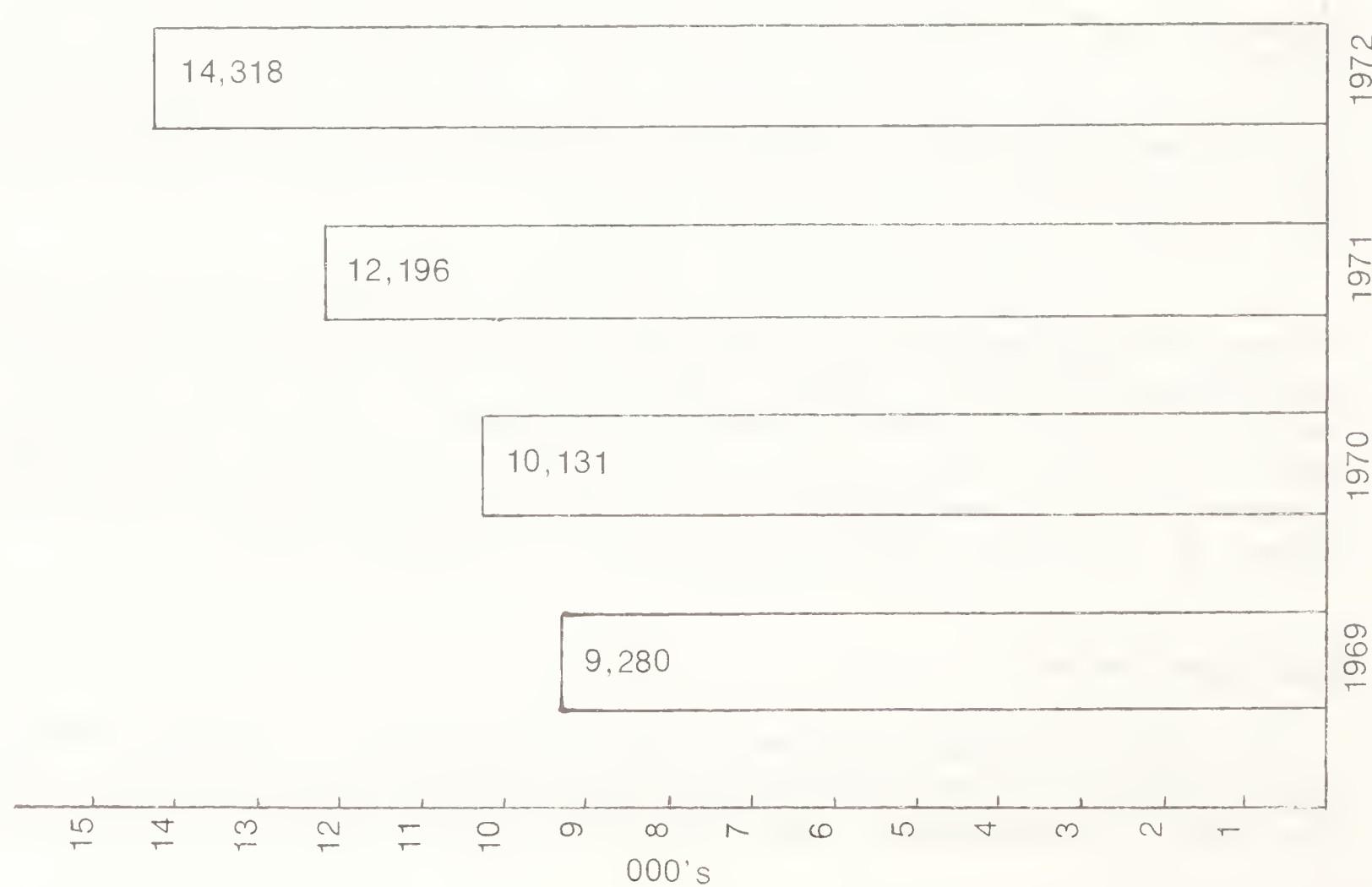
Domiciliary Service

The Health Committee approved in 1971 the provision of transport to family planning clinics for those who would be unable to attend a clinic otherwise. However, there are circumstances where birth control is also required on medical and

TOTAL NUMBER OF ATTENDANCES
AT FAMILY PLANNING CLINICS

TABLE 1

PATIENTS ATTENDING FAMILY PLANNING
CLINICS FOR THE FIRST TIME



social grounds and the persons concerned are unable or unlikely to attend a clinic. Such people are often in high risk categories and most in need of birth control advice and help. Towards the end of the year steps were taken to set up a domiciliary service, taking family planning into the homes of the above mentioned categories and so ensuring that as far as possible family planning is available to those who need it most whatever the circumstances.

The domiciliary service is based on local authority staff operating from six centres in the County so as to ensure adequate cover. It is intended that referral be made not only by health visitors, nurses and family doctors, but also by hospital staff and social workers and, in these circumstances, where the person referring the case is of the opinion that a domiciliary approach is the most appropriate or only possible approach in that particular case. Referral is made in the first instance to the County Health Department Headquarters on a special form which indicates the reason for the referral and provides the necessary personal and social background information required by the domiciliary family planning team. The team consists of an F.P.A. trained nurse and doctor.

Family doctors, social workers, health visitors and nurses have been given full information about the availability of the service and provided with application forms. At the time of writing, the service is fully operational throughout the County.

Staff Training

In 1971 the Health Committee approved the training by the F.P.A. of local authority doctors and nurses to ensure the availability of adequate staff to man the service generally but particularly the direct clinics and the domiciliary service. The training of doctors was completed early in the year and training of nurses continued throughout the year.

Following the successful family planning appreciation course for nurses and health visitors held at the Horncastle Residential College in 1971, a further course was held in 1972. This course was organised by the Family Planning Association and was attended by approximately 30 health visitors and nurses, including representatives from Kesteven, Lincoln, Grimsby and Scunthorpe.¹ The purpose of these courses is to ensure that nurses and health visitors are adequately informed about the various techniques and aspects of birth control to enable them to offer advice when required. The response from staff has been such that a third course of a similar nature is being planned for 1973.

Health Education and Family Planning

It is not sufficient that an adequate service is available. People must be aware of the various means of birth control and of the services available to help them. Various media are used to disseminate information, including notices in local newspapers and posters in clinics and health centres. Every opportunity is taken to give talks to groups, particularly mothers' clubs, youth clubs and similar

organisations. During the year an experimental publicity campaign was carried out at Horncastle with local press publicity, posters in local shops and a public lecture held at the Horncastle Residential College.

Apart from the problem of unwanted teenage pregnancies, particularly amongst schoolgirls, there is increasing acceptance in secondary schools in Lindsey that information about birth control is an acceptable part of a comprehensive health education programme. Talks on the subject, usually to pupils in their final year, supported by films, have proved to be a very popular part of an otherwise full health education programme in schools. As with other subjects of social importance, this is not only a convenient and perhaps very appropriate opportunity to deal with birth control but for some may be the last opportunity to obtain comprehensive professional information on the subject in a learning situation.

Effectiveness of the Service

The effect of birth control services combined with health education techniques is difficult to evaluate at least over relatively short periods of time and particularly as far as clinic facilities are concerned. The Family Intentions Survey of the D.H.S.S. showed that 37 per cent of married women using contraceptives considered that the avoidance of pregnancy ought to be the responsibility of the husband, suggesting that at least one-third of married women were not likely to make use of family planning clinics. However, less than half (47 per cent) of the married women interviewed were using what could be considered a reliable method of contraception and at least a proportion of the rest would benefit from expert advice and help with contraception.

Couples attending family planning clinics tend still to be biased in favour of the upper socio-economic classes and effort must be directed towards attracting the rest of the population. Services must be very readily available, for it is evident that what appear to be even minor restrictions on the availability of contraception are likely to deter the group which is most weakly motivated and likely to be most at risk of unwanted pregnancy. The development of services in Lindsey has been directed in part towards this end by means of more clinic facilities, transport to clinics where necessary and a domiciliary service.

There is appreciable evidence, particularly from places such as Aberdeen, where a particular effort has been made for a long enough period that expenditure on good birth control services is money well spent. The savings on education by the reduction in the number of school places required and the decline in the illegitimacy rate are but two examples of savings in expenditure for the community, apart from the social benefits.

Taking into account illegitimate births and abortions, if Lindsey approximates to the situation considered to apply nationally, there are at least approximately 1,500 unwanted pregnancies and at least twice that number of unplanned pregnancies in the County each year.

TABLE 2
CHANGE IN BIRTH RATE IN LINDSEY 1967 TO 1972 COMPARED
WITH THAT FOR ENGLAND AND WALES IN THE SAME PERIOD

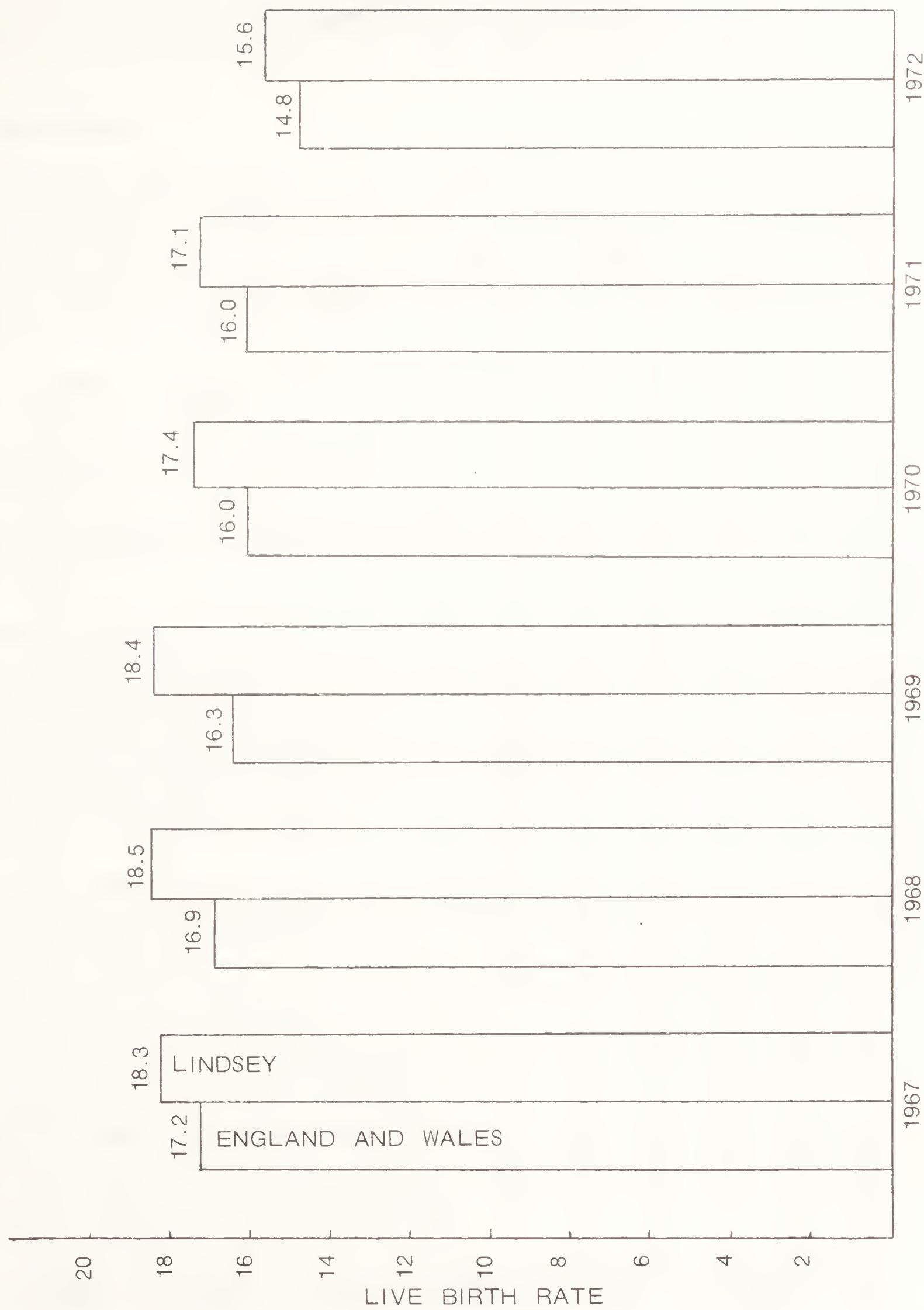
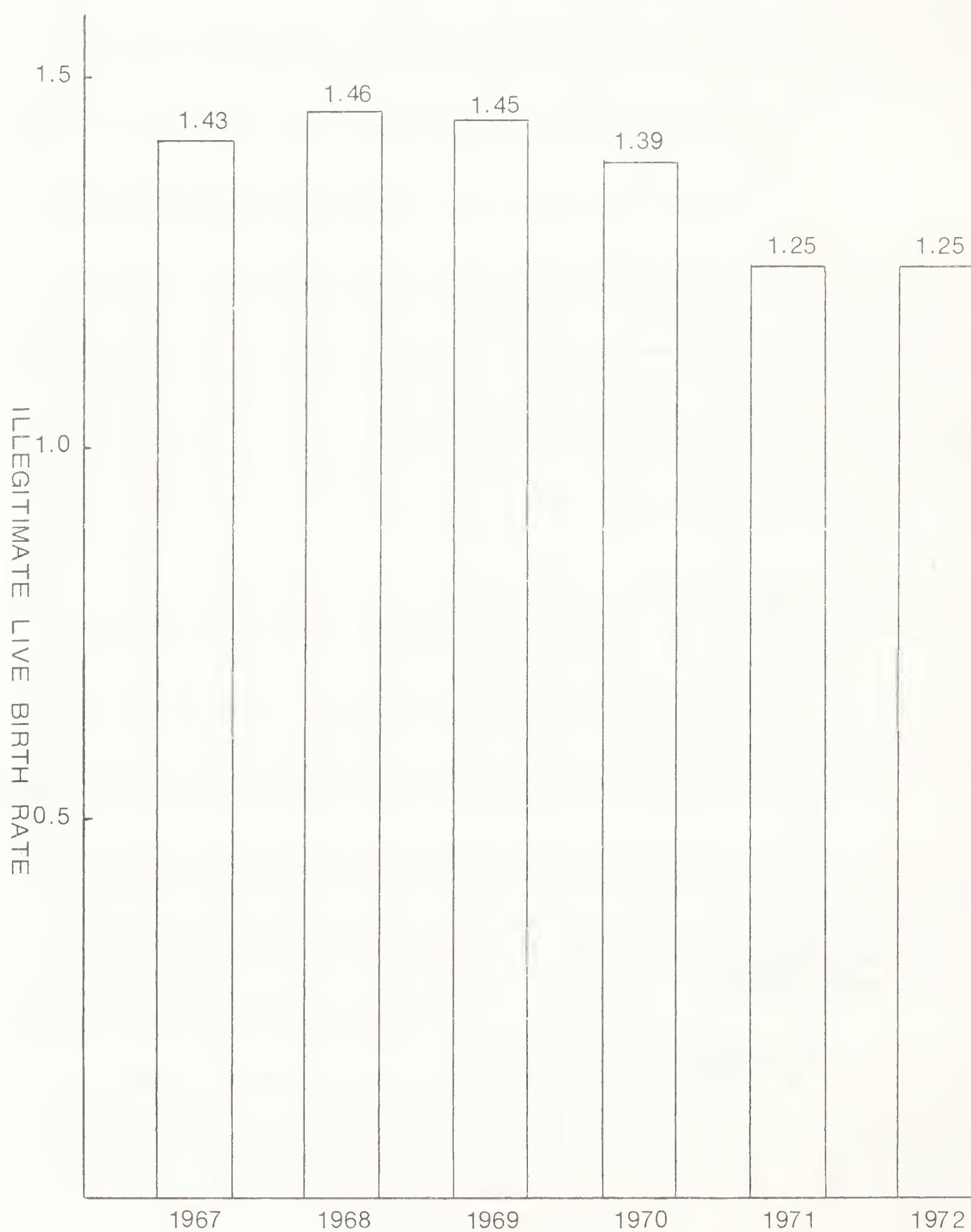


TABLE 3
CHANGE IN ILLEGITIMATE LIVE
BIRTH RATE 1967 TO 1972



The accompanying histograms show the marked decline in both the overall live birth rate and the illegitimate live birth rate in Lindsey over the last three years and although more freely available abortion has obviously had an effect, readily available education and advice concerning contraception associated with contraceptive facilities for all requiring them have undoubtedly played their part.

Male Sterilisation

In October, 1972 the N.H.S. (Family Planning) Amendment Act became law placing vasectomy on the same basis as other contraceptive services which local health authorities may provide. Acting on the recommendation of the D.H.S.S. negotiations were immediately entered into with the local hospital authorities with a view to setting up facilities for vasectomy in hospital premises, the cost to be borne by the local authority.

It is hoped that the service will be available some time in 1973.

A Comprehensive View of Birth Control

It has become evident that family planning in the traditional sense of the term cannot be considered in isolation but must be considered along with other forms of birth control.

Not only are human beings all too fallible as far as controlling their own fertility is concerned but present methods of birth control are themselves fallible to a varying extent. No reversible method of contraception is sufficiently predictable to carry the whole community through the long years of fertility control that are often necessary following the birth of the last planned or wanted child. No matter how good the family planning service provided, some will be unable or unwilling to use available methods of contraception or to use them effectively and unwanted pregnancies will continue to occur.

A truly comprehensive birth control service must include not only the facilities provided in family planning clinics and by family doctors, backed up by a domiciliary service, but also adequate and freely available facilities for male and female sterilisation and for abortion. It is often said that liberalisation of the abortion laws will result in a falling away of contraceptive use. In fact, in those countries with freely available contraception, sterilisation and abortion, the contrary has proved to be the case. Furthermore, the sociological data show that people are unwilling to accept unwanted pregnancies. They may resort to induced abortions or they may decide to accept sterilisation of one or other partner and society appears to benefit from the availability of these options. All communities with moderate or low birth rates have relatively high abortion rates, both legal and illegal, and nearly all abortions take place for reasons of fertility control and not because the procedure is medically indicated.

It is worth noting that additional advantages accrue from more freely available abortion apart from personal and demographic effects. The Abortion Act, 1967

came into operation in April, 1968, since when there has been a reduction nationally of more than 30 per cent in the annual number of septic abortions and a significant reduction in maternal mortality, of which abortion remains the commonest cause.

Unwanted pregnancies and their prevention are not just a medical problem but also a social problem. The necessity for a wider team effort to solve the problem is apparent. Men and women must learn that it is better that they take proper charge of the situation and should be given the opportunity to make decisions for themselves. Restricting the availability of any means of birth control to any group of people is not the best way to educate those in need. People learn by making decisions and, inevitably, mistakes. Only by such means will it be possible to involve the most important members of the team, the people themselves.

ATTENDANCES BY LINDSEY RESIDENTS AT FAMILY PLANNING CLINICS
IN 1972
(figures in brackets are comparative figures for 1971)

Clinic	Total Individuals		Total Attendance (incl. repeat visits)	
	New Registrations 1972	Registered pre-1972		
<i>Family Planning Association Clinics in Lindsey Area</i>				
Barton-upon-Humber	(49)	46	(104)	101
Brigg	(63)	54	(13)	74
Gainsborough	(149)	111	(267)	309
Horncastle	(63)	78	(72)	113
Immingham	(144)	156	(61)	141
Louth	(94)	116	(133)	163
Scunthorpe — Ashby	(238)	264	(441)	514
— Parkinson Avenue	(461)	452	(833)	769
— Riddings	(112)	112	(175)	197
Skegness	(66)	55	(89)	84
<i>Family Planning Association Clinics outside Lindsey Area attended by Lindsey Residents</i>				
Boston	(28)	31	(61)	79
Grimsby	(476)	510	(844)	981
Lincoln — Hospital	(10)	98	(7)	11
— Newland	(107)	112	(209)	270
TOTAL (F.P.A. Clinics)	(2,060)	2,195	(3,309)	3,806
Lindsey County Council Direct Clinics				
Cleethorpes (opened 5.4.72)	197		200	423
Nettleham (opened 30.11.72)	9		9	13
TOTAL (All Clinics)	2,401		4,015	14,318

UGANDAN ASIANS

In September last year the Department was called upon at very short notice to provide a medical screening service for the Asians who had been ordered out of Uganda and were to be temporarily placed at the old R.A.F. camp at Hemswell and later on, as this became full, the old camp at Faldingworth.

As the families arrived, they had their vaccination certificates checked and were then examined by a doctor and health visitor for evidence of infectious disease. All those of 13 years and over — expectant mothers excepted — had a chest x-ray.

The incidence of infectious disease was low. Of 1,995 people who were x-rayed only eight had signs of tuberculosis that required hospital treatment. A further eleven were followed up at the Chest Clinic. The only other infections found at this initial screening were seven cases of whooping cough.

These duties required medical, nursing and clerical staff to work at all hours of the day and night. It was especially gratifying that staff of this health department, and indeed from other County Council departments, few of whose jobs did not normally entail work at irregular times, willingly responded. The radiography teams worked alongside them too. The Sheffield Regional Hospital Board at great inconvenience to their own staff and to the service in other areas generously provided two x-ray units so that one could be based at each camp during the whole of this time of likely new arrivals from Uganda.

Once the families had settled in their new quarters the problem was one of keeping a high standard of hygiene amongst people being in close proximity to prevent any serious outbreak of disease. The health education section provided posters and pamphlets and gave lectures and talks. The health visitors went round giving advice particularly to the mothers with babies. Nurses gave extra help to assist the family doctors.

As the families left the camps to live in new homes throughout the country, others moved in from other camps which were being closed down. This threw a heavy burden on the administrative staff in particular who had to send the records of those leaving to the new authorities and at the same time sift through the records of those coming from other camps.

Besides all this it was necessary to provide the everyday facilities of child health clinics, immunisation clinics and Family Planning Clinics.

All this extra work threw a great burden on the department staff from which even now, there is still a back log caused by it.

NOTIFIABLE DISEASES

District	Notified Cases of Infectious Diseases in Urban and Rural Districts 1972																				
	Total number notified	Scarlet Fever	Whooping Cough	Acute Poliomyelitis (Paralytic)	Acute Poliomyelitis (Non-Paralytic)	Measles	Diphtheria	Dysentery	Acute Meningitis (Infective)	Acute Encephalitis (Infective)	Post-Infectious Encephalitis	Enteric or Typhoid Fever	Food Poisoning	Ophthalmia Neonatorum	Malaria (believed to be contracted abroad)	Infective Hepatitis	Leprosy	Tetanus	Tuberculosis - Respiratory	Tuberculosis - Other forms	
Urban																					
Alford	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Barton-upon-Humber	6	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Brigg	2	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cleethorpes Borough	93	—	1	—	—	64	19	6	2	—	—	—	—	—	—	—	—	—	—	—	
Gainsborough	27	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Horncliffe	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Louth Borough	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Mablethorpe & Sutton	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Market Rasen	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Scunthorpe Borough	366	7	1	—	—	43	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Skegness	173	1	—	—	—	169	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Woodhall Spa	46	2	—	—	—	44	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	734	34	1	—	—	351	—	177	6	—	1	—	—	17	—	—	129	—	—	18	—
Rural																					
Caistor	17	1	—	—	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—	9	—
Gainsborough	19	1	—	—	—	—	10	—	—	5	—	—	—	—	—	—	—	—	—	3	—
Glanford Brigg	121	2	—	—	—	—	49	—	—	45	1	—	—	—	—	—	—	—	—	5	1
Grimsby	76	17	—	—	—	—	49	—	—	—	1	—	—	—	—	—	—	—	—	6	—
Horncliffe	47	6	1	—	—	—	37	—	—	—	1	—	—	—	—	—	—	—	—	4	—
Isle of Axholme	9	1	—	—	—	—	2	—	—	—	1	—	—	—	—	—	—	—	—	1	—
Louth	76	4	—	—	—	—	66	—	—	—	1	—	—	—	—	—	—	—	—	1	—
Spilsby	114	8	—	—	—	—	102	—	—	—	1	—	—	—	—	—	—	—	—	4	—
Welton	92	48	—	—	—	—	16	—	—	—	1	—	—	—	—	—	—	—	—	—	—
	571	88	1	—	—	—	338	—	52	2	—	—	—	—	—	—	—	—	—	32	2
TOTAL for County	1,305	122	2	—	—	—	689	—	229	8	—	1	—	—	—	—	—	—	—	161	2
																				48	2
																				—	42

NOTIFIABLE DISEASES

The table on the opposite page gives information regarding all cases of notifiable infectious diseases notified by doctors during 1972. The figures generally show little variation from the previous year except in the case of infective hepatitis which has increased from 85 cases in 1971 to 161 cases in 1972. The increase has arisen almost entirely in Scunthorpe.

It is pleasing to report that for ten consecutive years no cases of poliomyelitis were reported and similarly there were no cases of diphtheria. The protection campaigns against these two diseases have obviously proved very effective. It is also noted that only two cases of whooping cough were reported against a total of 141 in the previous year.

SEXUALLY TRANSMITTED DISEASES

During 1972 the figures for sexually transmitted diseases diagnosed in Lindsey residents attending local treatment centres continued to be significantly lower than those for England as a whole. However, certain aspects of the present position are worthy of comment.

Syphilis

It is gratifying to note that this potentially fatal and undoubtedly most serious of sexually transmitted diseases has shown a further decline, the level in 1972 being the lowest ever recorded in the County. Of the four cases diagnosed only two were of the early infectious type (that is, contracted recently) and both of these were in seamen, the disease being contracted out of the County and probably out of the country. This indicates that locally the disease is very well controlled. As in recent years there were no cases of congenital syphilis.

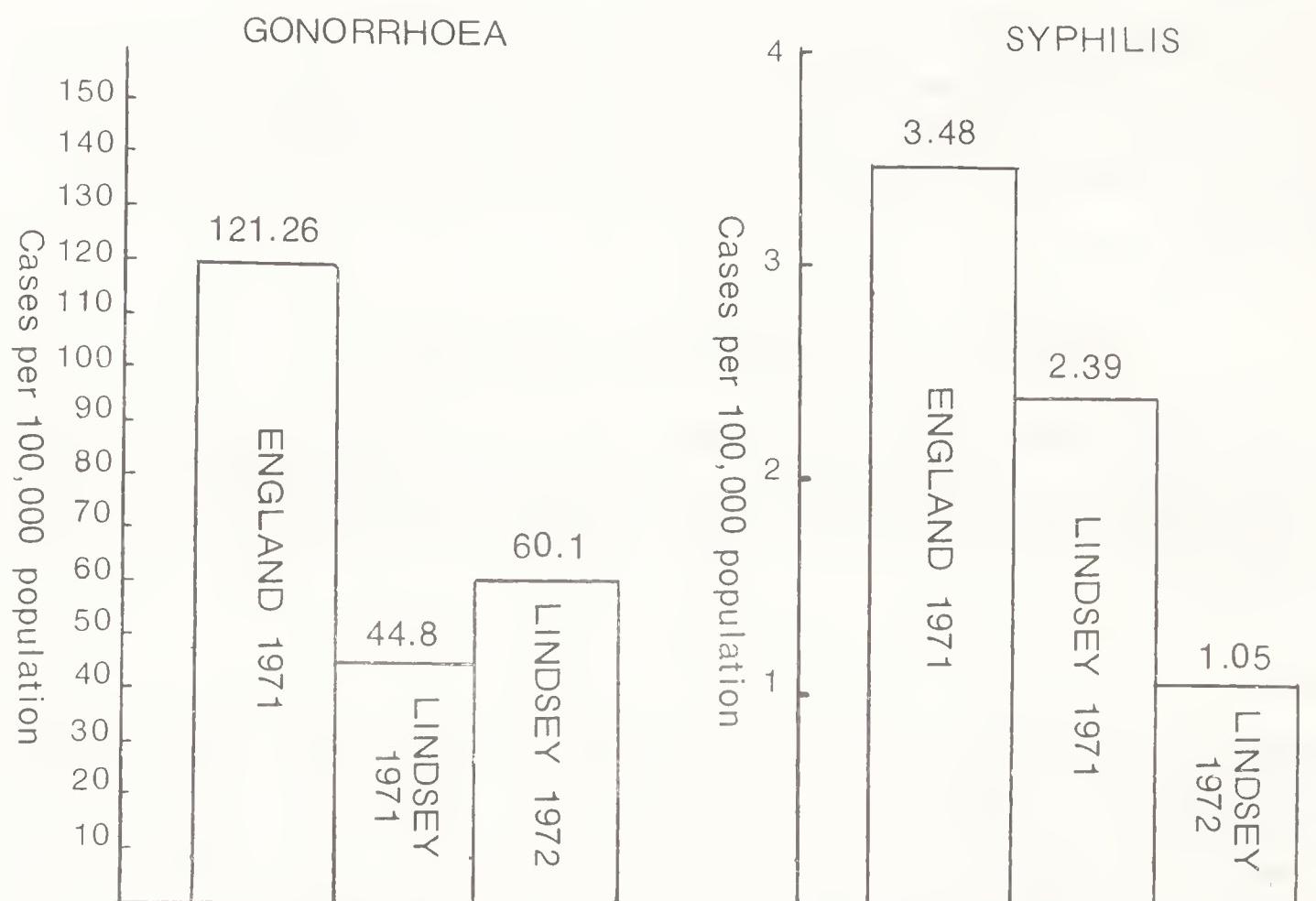
Gonorrhoea

Although not a fatal disease, it can if untreated, in a small proportion of cases result in serious complications including sterility and septic arthritis. Unfortunately, it is a disease with a short incubation period with frequent asymptomatic infection in both males and females, but particularly in the latter. Furthermore, it has adapted itself to the antibiotic era, developing varying degrees of resistance to antibiotics. These problems are reflected in the incidence of the disease both locally and nationally and the condition can be considered to be uncontrolled.

Following a sharp rise of approximately 45 per cent in known cases in Lindsey in 1969, the level remained fairly static. However, during 1972 there was a 35 per cent increase raising the known incidence of gonorrhoea in Lindsey to the highest ever recorded figure of 230 cases. Previous peaks were of 220 in 1946 and 184 in 1938 and 1930. However, when compared with the incidence for England as a whole, the level in 1972 was still relatively low. At least a proportion of this increase is a reflection of the increased numbers attending clinics for investigations following exposure to infection, particularly in the case of women. Experience generally

indicates that more men than women are motivated to attend a special clinic by symptoms suggesting a sexually transmitted disease. Increased attendances by, and detection of disease in women, paradoxically may be a good sign.

Table 1



Other Genital Infections

Genito-urinary infections other than syphilis and gonorrhoea were found in 350 patients. Many of these are infections commonly found in the general population, including trichomoniasis and candidiasis (thrush), and the numbers are to a great extent a reflection of the number of people attending special clinics. However, approximately 50 per cent of other genital infections were classified as non-specific genital infection. The exact nature of this condition is still uncertain. There are indications that at least a proportion of these cases are due to infection not commonly found in the general population and are associated with casual or promiscuous sexual activity. A small proportion of those affected develop serious complications, such as arthritis (0.6 per cent). Non-specific genital infection is currently the subject of research sponsored by the D.H.S.S. and the Medical Research Council and at least in a proportion of cases Chlamydia Group A organisms have been implicated.

As usual the greater proportion of those attending special clinics are free from disease or have conditions unrelated to sexual activity. Of all conditions diagnosed in 1972 syphilis and gonorrhoea made up only 25 per cent of cases.

Table 2
Sexually Transmitted Diseases
Year ending 31st December, 1972
Summary of Lindsey Cases

Centre	Totals all conditions	Number of new cases in the year											
		Syphilis				Gonorrhoea				Other Genital Infections		Other conditions	
		Primary & Secondary		Other									
		M	F	M	F	M	F	M	F	M	F	M	F
Boston	92	—	—	—	—	16	4	26	6	24	16		
Grimsby	362	—	—	—	—	65	35	102	35	83	42		
Lincoln	127	—	—	—	—	16	5	52	4	31	19		
Scunthorpe	266	2	—	1	—	32	20	64	37	80	30		
Skegness	91	—	—	1	—	24	13	16	8	15	14		
Total	938	2	—	2	—	153	77	260	90	233	121		

Prevention

The incidence of sexually transmitted diseases should be lowered by education. Posters and similar approaches in public places in connection with venereal diseases are now legal, but it has been stated that the day of the mass propaganda approach has gone.

Almost certainly health education will not prevent exposure to infection for this would imply a change in sexual behaviour. However, it is important that those at risk or liable to be at risk are fully aware of the nature of sexually transmitted diseases and particularly of the importance of obtaining advice as soon as possible following exposure to possible infection.

Those most at risk are the young sexually active and unattached members of the population. Sixty-five per cent of infections occur in those under 24 years of age. It is important that young people are fully informed as soon as they enter the sexually active period of their lives. Most senior school pupils in Lindsey receive instruction as part of a wider health education programme and talks on the subject are given to youth clubs and other gatherings of young people.

The level of sexually transmitted disease not only in the County, but in the country as a whole must be considered in relation to that in other countries. The incidence is significantly lower than in most other countries. For example, it has been estimated that 2½ million cases of gonorrhoea were treated in the U.S.A. last year, compared with 56,000 in England in 1971. We are fortunate in that for the past 50 years this country has had a clinical specialty of veneriology associated with a well organised system of treatment centres and contact tracing.

SYPHILIS AND GONORRHOEA
Lindsey cases reported from Local Treatment Centres



PUBLIC HEALTH ACT, 1936 –
REGISTRATION OF NURSING HOMES

The County Council are the responsible Authority for the registration and supervision of nursing homes under Sections 187 - 194 of the Public Health Act, 1936 as amended by the Nursing Homes Act. 1963. One new registration was accepted during the year, providing accommodation for twenty general cases. At the end of the year there were eight nursing homes registered in Lindsey providing accommodation for eighteen maternity cases and two hundred and eleven general cases. Officers of the County Council have continued to regularly inspect these homes.

ENVIRONMENTAL CIRCUMSTANCES OF THE COUNTY

HOUSING

District Councils have made continued progress, particularly in the provision of houses and by grant aiding improvement work to raise the amenity of existing properties to a prescribed level and to provide for repairs. The maximum grant towards the cost of improvement is £1,000 (£1,200 for the conversion of a building into flats). The grant does not exceed 50% of the total cost of the work and not more than 50% of the grant may be allocated to repair work with the exception of the north of the County where the proportion of grant aid has been increased to 75% of the total cost of the work for a temporary period.

CAMPING SITES AND MOVABLE DWELLINGS

The number of caravans in the County now amounts to 24,045 of which some 90% are sited in coastal areas for holiday purposes and the remainder are on residential inland sites.

These sites require constant supervision by the Public Health Officers of District Councils in order to ensure satisfactory conditions in accordance with the Caravan Sites and Control of Development Act. The Act requires amenities including water points, W.C.s, drainage, washing and laundry facilities, hot water and hard standings (the latter on residential sites only). The majority of sites are served by public sewers and the standards are generally satisfactory.

There are now 2,200 chalets in coastal areas which are used for holiday purposes. This accommodation is generally superior to caravans, especially for families, by reason of additional space.

The presence of gypsies in the Gainsborough Urban District and in the coastal sector of Spilsby Rural District during the holiday season continues to give rise to concern. There are no amenities whatsoever at the unofficial site which the gypsies occupy at Gainsborough and this contributes to conditions prejudicial to health.

Meetings have been held with the Parish Councils concerned regarding the establishment of sites in both of these areas and substantial opposition has now arisen regarding the available sites. The Department of the Environment have stressed the necessity for the provision of sites, if necessary with minimal facilities to prevent public health nuisances and have advised against any attempt to move gypsies from one unauthorised site to another unless there are sound reasons for doing so.

The Councils of the larger districts which will result from the reorganisation of local government may take a more practical view regarding the provision of sites which will assist the County Council in fulfilling its statutory responsibility.

WATER SUPPLIES

The Water Boards have maintained the provision of satisfactory supplies throughout the County.

The Trent and Lincolnshire River Authorities and the North Lindsey Water Board have made substantial progress in connection with the scheme for the supply of non potable water for industry on South Humberside. The first phase of the scheme for the supply of thirteen million gallons of water daily is expected to be in operation by 1974. The quality of the water of the River Trent is such that it is quite unacceptable as a source for potable supplies.

The proposals of the North East Lincolnshire Water Board for increasing the supply of potable water from fourteen to twenty-two million gallons per day by further abstraction from the Great Eau, the Waite Beck and Louth Canal, have been the subject of a public inquiry.

The East Lincolnshire Water Board in conjunction with the Lincolnshire River Authority are in the course of developing a pumping station near Coningsby to provide some two million gallons per day. In addition the yield at Mumby pumping station will be increased by 0.5 million gallons per day to meet the increased demand in the coastal areas during the holiday period.

Some concern has been expressed at the proposal of the Lincolnshire River Authority to effect the regulation of the flow of the River Bain to the north of Horn-castle. Whilst this will provide a further ten million gallons of water per day for the central sector of Lincolnshire and effect flood precautions on a limited scale, the cost in terms of 1,000 acres of land and 57 dwellings which fall within the area which will be submerged, is expensive by any standards.

The feasibility study of the Wash Barrage Scheme is proceeding and subject to tests proving satisfactory relating to the establishment of the outer sea walls (i.e. the seaward site of the bunded reservoir) the first phase of the scheme, if sanctioned by Parliament could be operative by 1982.

The water from phase 1 of the scheme which amounts to 100 million gallons per day, is intended to augment supplies in the Home Counties north of London especially Essex. It is quite clear that the further development of relatively small remaining reserves such as those concentrated on the Louth Canal and the River Bain regulation scheme should be the subject of a cost benefit appraisal, including the re-allocation of local resources and the use of a small proportion of water obtained from the Wash to meet the future requirements of Lincolnshire.

The nitrate content of the water from the Barton and Barrow-upon-Humber pumping stations of the North Lindsey Water Board reached a maximum of 12 - 14 parts per million during the summer months. Whilst this standard was acceptable, the variation of levels of nitrate was kept under close observation. Excessive amounts of nitrate may give rise to a condition in infants up to the age of eight weeks, known as methamoglobinæmia which is accompanied by reduction of the oxygen in the blood. No cases were reported.

The fluoridation of water supplies has continued in the area of the North Lindsey Water Board and to a limited extent in the areas of the Boards serving North East Lincolnshire and Lincoln and District. The total population in the County currently supplied with fluoridated water is 170,000.

SEWERAGE AND SEWAGE DISPOSAL

District Councils have continued with the provision of this service despite the high cost especially in the smaller villages. Grant aid by the Department of the Environment and the County Council is based on a maximum cost of £500 per property and is made only in connection with sewers. District Councils have for some time had to bear costs of up to £1,100 per property plus the provision of the sewage disposal works. The Government did not respond to a request some two years ago to adjust the formula for grant aid and so effect an increase.

The intermittent failure in the operation of the sludge disposal plant of the Gainsborough Urban District Council and the complaints of noxious smell which periodically arise from residents downwind of the plant, during westerly winds, are regarded as most serious. It is of no satisfaction to Councillors or to Officers responsible for the operation of the plant to be frequently subject to genuine complaints from residents affected by the odours. Efforts are still continuing to rectify the deficiencies after a period of operation of four years.

The proposals of the Government to reorganise the water, sewerage, sewage disposal and land drainage services by the formation of Regional Water Authorities to embrace the foregoing functions, have been considered by the County Council. Concern was expressed through the County Councils Association at the proposed division of the Lincolnshire River Authority between two future R.W.A.s and the absence of adequate local participation in land drainage functions. These objections have been met by the inclusion of the whole of the area of the River Authority in Regional Water Authority No. 5 which will cover an area from central Essex (excluding Thames-side) to the River Humber and the proposed formation of land drainage committees. It appears likely the R.W.A.s will, during the immediate future be concerned with major sewage disposal works and provision is being made in legislation for District Councils to act on an agency basis.

The Humber Advisory Group which consists of representatives of the County Council, District Councils, the three River Authorities, the North Eastern Sea Fisheries Committee, Industry and Associated Bodies on the north and south banks of the River Humber, was formed during the year and has adopted the following terms of reference:—

"To make recommendations and to inform the Humber Consultative Committee* or other interested parties of the views of the Group Membership on all matters connected with the control, management and use of the Estuary, with special reference to the following:—

- (a) the reduction of pollution of the Estuary and its contribution to the pollution of the North Sea;

- (b) the programme to be prepared by the Humber Consultative Committee * to monitor flows and quality conditions in the Estuary;
- (c) the protection of the Estuary for the passage of migratory fish and as a fishery in its own right;
- (d) the effect on the Estuary of future development on both banks of the Humber, including the effect of the provision of the Humber Bridge;
- (e) the function of the Estuary in respect of land drainage;
- (f) the use of the Estuary for amenity purposes."

* *The Humber Consultative Committee consists of representatives of the Lincolnshire, Trent and Yorkshire River Authorities.*

The formation of this body follows a visit to the area by the Secretary of State for the Department of the Environment in which he requested that all public authorities, industry and other organisations who have an interest in the amenity value of the River Humber should consider mutual problems.

REFUSE COLLECTION AND DISPOSAL

The frequency of the refuse collection has been mainly at weekly intervals or fortnightly in the smaller and remote villages.

District Councils have effected substantial improvement in the efficiency service by the provision of larger collection vehicles provided with compaction gear which enables the vehicles to operate on broad collection rounds with only one or two journeys to the disposal site daily. The collection of bulky articles such as disused furniture, refrigerators, washing machines and television sets, and the provision of sites under the Civic Amenities Act where solid waste which is not the subject of normal collection, may be deposited, have done much to prevent illegal dumping and to preserve amenity.

As County Councils will become refuse disposal authorities on the reorganisation of local government, an increasing amount of detailed survey work has been carried out in order to secure the continuity of an expanding service in an efficient manner, especially where problems exist. Most industrial waste now falls within the category of notifiable waste in accordance with the Disposal of Poisonous Waste Act which became operative during the year. This places an obligation on the person effecting the disposal of the waste not to create an "environmental hazard", i.e. conditions likely to cause injury to the health of man or animals, or which may result in the pollution of water. There is opportunity for co-ordination in the disposal of a wide range of solid waste and in addition to the foregoing this includes sewage sludge and agricultural waste including that from intensive farming systems and from vegetable processing.

There are substantial opportunities for land reclamation schemes to proceed in the county to restore to an approved use, former mineral workings such as selected chalk and gravel pits, other than those required to be retained for conservation or recreational purposes. In some instances, precautions will be essential in order to avoid ground water pollution by restricting the nature of the solid waste acceptable for disposal and the treatment of the base of the pit with an impervious lining and the disposal of the percolate. The life of these may be extended by pulverisation of refuse and it is only after they have been exhausted, or the distance of haulage of the refuse becomes uneconomical, that incineration schemes should be considered.

Detailed consultation with the County Planning Officer and District Councils is taking place in order to ensure that adequate suitable disposal sites are available for the future.

SANITATION ON HIGHWAYS

As a new network of roads to serve South Humberside is envisaged it will be necessary to consider the provision of public conveniences in suitable locations to provide for business, commercial and holiday traffic.

COASTAL POLLUTION

Whilst the existing situation presents little danger to health, the circumstances are kept under close observation.

A detailed hydrographic survey concerning the disposal of sewage or trade effluent to be discharged into the sea is now an essential pre-requisite of all schemes in order to ensure that no danger to health or loss of amenity results.

There have been local incidents of oil pollution which have been dealt with by the resources of the coastal authorities.

Close consultation between the Oil Pollution Officer and the County Health Inspector has been maintained, particularly on matters affecting water supplies and a scheme has been prepared for the removal and disposal of residues of oil and sand from beaches should a major incident occur and it is not possible to disperse the oil by detergents.

AIR POLLUTION

The County Council have maintained gauges for the measurement of smoke and sulphur dioxide at Caenby, Stallingborough, Thornton Curtis and South Killingholme and the levels of these pollutants have been within acceptable limits. The emissions of unpleasant odour from some of the industries on South Humberside has persisted periodically during the year.

The concern and complaints of those resident in the areas affected are now appreciated to a much greater extent by industry and representation has been made both direct and through the Alkali Inspectorate to the industries concerned.

The Anchor Scheme for the expansion of the iron and steel industry in Scunthorpe adjacent to the existing Appleby Frodingham Works which includes the construction of a new plant for the extraction of pollutants particularly iron oxide, is now well advanced and the new extraction plant at the Normanby Park Steel Works has been completed.

The Central Electricity Generating Board have continued the measurement of levels of pollution in the Trent Valley by reason of the consumption of substantial amounts of solid fuel for the generation of electricity. These were satisfactory following the repair of an electro-static precipitator for dust extraction.

TRANSPORT OF DANGEROUS MATERIALS AND INCIDENTS CONCERNING THEIR USAGE

Arrangements have been made with the Police and Fire Authorities for the immediate notification to the officers of river or water authorities and the district councils concerned, of incidents involving the spillage of dangerous materials on roads and in factories, etc. where these materials are liable to discharge into rivers or streams or into a sewerage system for foul or surface water.

This will enable appropriate action to be taken where there is any likelihood of the pollution of water, especially that which is normally used for public supplies, and where there may be adverse effects on the operation of a sewage disposal works, (as many chemicals are capable of completely neutralising the biological treatment); and in drains and sewers.

In addition, the arrangements to deal with an incident concerning the transport or use of radio-active materials particularly in the north of the County have been kept under review.

POLLUTION – GENERAL COMMENTS

All proposed development is now the subject of examination, in order to assess the likely effects of the processing or other activity in the case of industrial and agricultural development and the disposal of waste.

The suppression of noxious odours from industry, farming, sewage and refuse disposal is currently being examined by a Working Party set up by the Department of the Environment and investigations are proceeding into acceptable threshold limits of certain gaseous discharges in order to prevent unpleasant odours or other unsatisfactory conditions.

During recent years complaints have increased in connection with the disposal of manure from intensive farming units. The role of the Ministry of Agriculture,

Fisheries and Food in giving advice to prospective developers of these units, is to ensure that they are economically viable and that they suit the farm or smallholding. Nuisance or loss of amenity or water pollution may arise, particularly by the disposal on land of slurried wastes which have become septic. The availability of adequate land for this purpose and disposal at times when the wind direction is favourable may assist in the prevention of complaint. Whilst the installation of sewage treatment plant is beyond the economical operation with the exception of large farming units, it is gratifying that research is now proceeding into the application of minimal aeration into slurry tanks in order to reduce septicity and to a substantial extent, the objectional smell which arises during disposal.

The Pop Festival which took place at Bardney over the Spring Bank Holiday weekend gave rise to a great deal of controversy concerning the standards of hygiene adopted.

In the field of public health it is abundantly clear that where large numbers of people assemble in areas where there are no public facilities, adequate forward planning for the provision of these is essential. This particularly relates to water supplies, toilet and washing facilities, sewage and refuse disposal and to standards of food hygiene.

Inadequate or substandard provisions might result in outbreaks of disease which could assume serious proportions especially by reason of the large numbers of people sometimes living for several days under field conditions.

INSPECTION AND SUPERVISION OF FOOD AND DRUGS

SAMPLING OF FOOD AND DRUGS FOR ANALYSIS

The basic legislation relating to the supervision of Food and Drugs remained unaltered.

The Food (Control of Irradiation) (Amendment) Regulations, raises the level of irradiation of food for dietary purposes subject to medical control being exercised.

The Lead in Food (Amendment) Regulations restrict the amount of lead in food which is prepared and sold for babies and young children to 0.5 parts per million. The former limit of 1.0 parts per million which applies to most foods for consumption by adults formerly applied.

A report of the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food recommends that legislation should be introduced requiring that all packed perishable food should bear a readily interpreted date code, e.g. "sell by 02 Sept 72". The report states... "the Committee recognises the right of the consumer to be able to purchase food in as fresh a condition as is technically possible and to know that he is doing so".

Long life food will be required to bear the date of packing.

Increasing attention is now directed to the toxicology of food especially by reason of the wide range of additives which may be used in its preparation to render it more sophisticated or to improve mixtures, keeping quality and appearance.

In addition the levels of heavy metals including mercury, lead and zinc which may be introduced from soils or air pollution or feed, in the case of animals and poultry; and the uptake of pesticides, are kept under observation. The presence of any of the foregoing substances in excess may require detailed investigations.

Consequently the co-ordinated consideration and assessment of the environmental factors affecting the quality of food and drugs and the sampling of imported food now form important features in this sector of the protection of public health.

FOOD AND DRUGS SAMPLES

Name	Number analysed	Genuine	Unsatisfactory or adulterated
1. Milk	15	7	8
2. Processed milk products	23	22	1
3. Edible fats and oils	29	29	—
4. Preserves	18	18	—
5. Tinned, bottled and dried articles	76	52	24
6. Alcoholic beverages	17	16	1
7. Non-alcoholic beverages	23	21	2
8. Sugar, flour and confectionery	30	29	1
9. Meat and fish products	66	66	—
10. Vinegars, spices, flavourings and essence, sauces and pickles	21	21	—
11. Cereal products	6	6	—
12. Medicines and drugs	35	35	—
13. Miscellaneous	25	24	1
14. Food on importation at Immingham	56	56	—
	440	402	38

A further 17 specimens of food were submitted to the Public Analyst for examination for the presence of extraneous matter.

In addition 345 samples of milk (including 56 samples of school milk) and 108 samples of cream were tested in the County Offices Laboratory.

Legal proceedings were instituted concerning the following deficiencies:-

Milk containing extraneous water
(present in 7 churns) Fine of £20 with £40 costs.

Bottle of pasteurised milk containing glass Fine of £25 with £6 costs.

Gin deficient in proof spirit by reason of extraneous water Fine of £10 with £4.70 costs.

Potatoes of substandard quality (sale to County Council School canteen) Fine of £25.

Bread containing plastic material Fine of £30 with £6 costs.

Food affected with mould:-
Pork pie

Fine of £10 with £4 costs.

Sausage rolls (3) Fine of £25 with £5 costs.

Warnings were issued to the manufacturers/retailers in connection with 7 unsatisfactory samples and in a further 33 cases of extraneous matter in food.

BIOLOGICAL EXAMINATION OF MILK

Twenty-two samples of raw milk were subject to biological examination. Milk from one herd was found to be affected with brucella abortus but it was not being retailed in its raw state. Advice has been rendered by the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food regarding the elimination of the infection.

At the end of the year 212 herds were classified as 'accredited' indicating that they were free from brucellosis, all of the animals having passed the rigorous blood tests.

ANTIBIOTICS IN MILK

The milk supplies of producer/retailers were examined for the presence of antibiotics during the year. These are used for the treatment of udder conditions such as mastitis. An interval of at least 48 hours, or that recommended by the manufacturer of the antibiotic, should be allowed between the application of the antibiotic and the use of the milk for human consumption, in order to ensure that all traces have been removed naturally. The danger otherwise is the development in humans of strains of disease causing organisms, resistant to antibiotic treatment.

Fourteen samples were subject to examination, all of which were satisfactory.

SUPERVISION OF PASTEURISING PLANT

The four pasteurising plants which are licensed by the County Council continued to operate in a satisfactory manner during the year. In addition to the frequent inspections of the plant, the following samples were taken from the dairies concerned.

Total number of samples	Samples failing to satisfy methylene blue reduction test *	Samples failing to satisfy phosphatase test #
593	Nil	Nil

SUPERVISION OF RETAIL SALES OF MILK

Grade of milk	Total no. of samples	No. of samples satisfying tests	No. of samples failing to satisfy methylene blue test *	No. of samples failing to satisfy phosphatase test or turbidity test #
Pasteurised	1,073	1,071	2	Nil
Sterilised	323	323	Nil	Nil
Untreated (raw)	1	1	Nil	Nil
Ultra heat treated	131	131	Nil	Nil
Total milk samples	1,528	1,526	2	Nil
Cream	164	164	Nil	Nil

* Test relates to keeping quality of milk # Test relates to efficiency of heat treatment

In the cases where unsatisfactory samples have occurred an investigation and re-sampling have been carried out and the dairymen warned and advised as necessary. In addition 171 samples of school milk were taken, which passed the prescribed tests.

PASTEURISATION OF LIQUID EGG

The Liquid Egg (Pasteurisation) Regulations 1963 require that all soft shell or broken eggs should be pasteurised in order to render the product safe for human consumption, as contamination of the egg may have occurred. The pasteurised product is subsequently supplied mainly to the bakery trade. There are no plants in Lindsey, but plants are situated at Retford and Nottingham and the arrangements are operating satisfactorily.

FOOD HYGIENE

The Food Hygiene (General) Regulations 1960-62 have been revised and consolidated. The main additional provisions include a requirement that unsound food and animal food shall be kept entirely separate from sound food intended for human consumption in order to avoid any risk of the former category becoming mixed with the latter. Additional requirements are prescribed requiring food handlers operating on agricultural premises to wear suitable protective clothing as these premises were formerly exempt from this provision.

The standards on the majority of food premises, including shops, restaurants and cafes, generally comply with the Food Hygiene Regulations, but constant inspection and education of food handlers is an essential function of public health officers.

School canteens and the kitchens of other County Council establishments are satisfactory and subject to inspection by the County Health Inspector as necessary. Food supplies have been kept under close observation.

SLAUGHTERHOUSE AND MEAT INSPECTION

The Meat Inspection Regulations, 1963 require that all meat which is slaughtered for human consumption shall be subject to inspection and the carcases stamped in a prescribed manner. This requirement has been carried out during the year and in addition a satisfactory standard of hygiene has been maintained in accordance with the Slaughterhouse (Hygiene) Regulations 1958.

The Meat (Sterilisation) Regulations 1969 require that all diseased meat shall be conveyed from the slaughterhouse to an approved knackers yard or other place of processing or to an approved animal establishment in closed and locked containers, which shall be labelled stating that the meat is not for human consumption and that complete records of diseased meat shall be kept by the operators of slaughterhouses and knackers yards.

CONSUMER PROTECTION ACT. 1961

The Nightdresses (Safety) Regulations require nightdresses to be made of materials which satisfy the low flammability test as prescribed by the British Standards Specification, but an exception is provided for adult nightdresses which may be manufactured in alternative materials, subject to the garment bearing a durable label, warning against the danger of fire.

Thirty-five nightdresses were submitted for analysis during the year, all of which were manufactured in synthetic material and proved satisfactory on testing.

The Toys (Safety) Regulations prescribe a maximum of 5.500 parts per million of lead in the paint of children's toys and prohibit celluloid in toys with the exception of table tennis balls.

The paint on a toy motor car was found to contain 152.000 parts per million of lead. In addition the package bore a statement stating that the paint was lead free. The toy had been imported from Italy and the wholesale company in the U.K. had taken no action to check any of the toys.

Legal proceedings were instituted regarding the deficiency concerning the lead content and the false label. The magistrates imposed fines totalling £300.



